

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000128873

1. Entity Name
AMERICAN WINDOWS OF NORTH PORT INC.



Principal Place of Business
**P.O. BOX 8084
NORTH PORT, FL 34287**

Mailing Address
**P.O. BOX 8084
NORTH PORT, FL 34287**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1623800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUMARKIN & RUHL, P.A.
210 WOOD ST
PUNTA GORDA, FL 33950**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARVEY, SHAWN T
STREET ADDRESS	6113 REISTERTOWN RD
CITY- ST- ZIP	NORTH PORT, FL 34286
TITLE	VP
NAME	CARVEY, LARRY T
STREET ADDRESS	6113 REISTERTOWN RD
CITY- ST- ZIP	NORTH PORT, FL 34286
TITLE	T
NAME	CARVEY, MARCIE
STREET ADDRESS	6113 REISTERTOWN RD
CITY- ST- ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/13/06-80051-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARCIE L. CARVEY

1/30/6

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