2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Sep 12, 2005 8:00 am Secretary of State DOCUMENT # P04000151020 09-12-2005 90003 017 ***150.00 1. Entity Name MARQUIS CUSTOM WINDOW DESIGNS, INC. Principal Place of Business Mailing Address 1025 NO: FLORIDA MANGO RD. 1025 NO. FLORIDA MANGO RD. WEST-PALM BEACH-FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 5670 CORPORATE U 5670 CORPORATED uite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) 4. FEI Number Applied For JEST Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required るユリロフ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VITCOV, LORRI Street Address (P.O. Box Number is Not Acceptable) 234 WOODSMUIR CT PALM BEACH GARDENS FL 33418 Zip Code The above named entity submits this statement the obligations of egistered agent. for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE gent and title il applicable FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE Delete THEF ☐ Change ☐ Addition VITCOV, LORRI NAME NAME 234 WOODSMUIR CT. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP SEC TITLE Defete TITLE Change Addition FOXX, LAURIE NAME NAME 303 MOCCASIN TRAIL WEST STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing boes not qualify for the exemption stated in Section 119.07(3)(i), 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 employed 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED