## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2006 8:00 am Secretary of State

DOCUMENT # P04000158404  1. Entity Name SHELBY SASH & DOOR, INC.							03-17-2006	90132 (	)13 ***15	50.00	
Principal Place of Business 4063 BELL LANE PACE, FL 32571 US			Mailing Address 4063 BELL LANE PACE, FL 32571	4063 BELL LANE			• • • • •				
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (11/05)		
City & State			City & State		4. FEI Number 20-1918936				oplied For ot Applicable		
Zip		Country	Zip	Cou	ntry		of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Cur	rent Registered Agent		<u> </u>	7. Name and	Address of New R	egistered A	\gent		
BOESEN, FREDERIC J III					Name			<del></del>		र्वे क्रिक्ट व्यक्ति	
4063 BELL PACE, FL	. LANE	C J III					et Address (P.O. Box Number is Not Acceptable)				
			:	**							
	•	•	, <u>å</u>	i.	City			FL	Zip Cod	e	
	named entiti ions of regis		ent for the purpose of changing	its register	red office or registe	ered agent, or bot	h, in the State of Flo	orida. I am I	amiliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of registered	agent and title if applicable. ((	NOTE: Register	ed Agent signature require	ed when reinstating)		DATE			
		FEE IS \$150.00 6 Fee will be \$5				5.00 May Be ded to Fees			•		
10.		OFFICERS /	AND DIRECTORS	11.	•	ADDITIONS/	CHÂNGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	Р		☐ Delete	τιπ	LE	i			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BOESEN 4063 BEL PACE, FL				ME REET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADDRESS			☐ Delete	TITS NAM STR	i				☐ Change	Addition	
CITY-ST-ZIP				СІТ	Y-ST-ZIP						
TITLE NAME			☐ Deiete	TITI Nai			•	-	☐ Change	☐ Addition	
STREET ADORESS* CITY-ST-ZIP					REET ADORESS :						
TITLE NAME STREET ADDRESS			☐ Delete		ME REET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP					Y-ST-ZIP				——————————————————————————————————————		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i				☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
indicated of the cor	l on this repo rporation or t	rt or supplemental rep he receiver or trustee	d with this filing does not quality out is true and accurate and the empowered to execute this repess, with all other like empower.	at my sign: oort as requ red.	ature shall have the uired by Chapter 60	e same legal effec 07, Florida Statute	t as if made under (	oath; that I a	am an officer	r or director	