

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168344

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: MCDANIELS WINDOWS AND DOORS INC

## Current Principal Place of Business:

5560 WOODCREST DR  
MILTON, FL 32583

## New Principal Place of Business:

2460 PETT WAY CIRCLE  
LOT 10  
CANTONMENT, FL 32533

## Current Mailing Address:

5560 WOODCREST DR  
MILTON, FL 32583

## New Mailing Address:

2460 PETT WAY CIRCLE  
LOT 10  
CANTONMENT, FL 32533

FEI Number: 20-2013051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
STE # 5  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCDANIELS, ANTONETTE M  
Address: 5560 WOODCREST DR  
City-St-Zip: MILTON, FL 32561

Title: VP ( ) Delete  
Name: MCDANIELS, JIMMY  
Address: 5560 WOODCREST DR  
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete  
Name: URQUIDE, JERIMY  
Address: 5560 WOODCREST DR  
City-St-Zip: MILTON, FL 32583

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCDANIELS, ANTONETTE M  
Address: 2460 PETT WAY CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Change ( ) Addition  
Name: MCDANIELS, JIMMY  
Address: 2460 PETT WAY CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: D (X) Change ( ) Addition  
Name: URQUIDE, JERIMY  
Address: 2460 PETT WAY CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONETTE MEDANIELS

P

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date