

**2007 FOR PROFIT CORPORATION-  
ANNUAL REPORT**

**FILED**

**Feb 16, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P05000020817**



1. Entity Name  
**A&H WINDOWS PLUS, INC.**

Principal Place of Business  
**150 KENT DRIVE  
ORMOND BEACH, FL 32176 US**

Mailing Address  
**150 KENT DRIVE  
ORMOND BEACH, FL 32176 US**



02112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2348855**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WELCH, MATTHEW S ESQ.  
222 SEABREEZE BLVD.  
DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
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, 2007 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	ALLISON, THOMAS
STREET ADDRESS	150 KENT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VP
NAME	HARDEN, RUSSELL III
STREET ADDRESS	150 KENT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	S
NAME	HARDEN, KAREN
STREET ADDRESS	150 KENT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	T
NAME	ALLISON, MARGE
STREET ADDRESS	150 KENT DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/07-80026-022 150.00

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/11/07*  
Date

*386-405-7979*  
Daytime Phone #