2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020817

ALLISON, MARGE

150 KENT DRIVE

ORMOND BEACH, FL 32176 US

Name:

Address:

City-St-Zip:

Entity Name: A&H WINDOWS PLUS, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
150 KENT ORMOND	DRIVE BEACH, FL 321	76 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
150 KENT ORMOND	DRIVE BEACH, FL 321	76 US			
FEI Number	: 20-2348855	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
222 SEAB DAYTONA	MATTHEW S ESG REEZE BLVD. A BEACH, FL 321 a named entity sub	18 US	WELCH, MATTHEW : 150 S. PALMETTO A\ DAYTONA BEACH, F purpose of changing its registere	/E.	
	e of Florida.				
SIGNATURE:				02/19/2008	
	Electronic	Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Tr	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () De ALLISON, THOMAS 150 KENT DRIVE ORMOND BEACH,	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () De HARDEN, RUSSEL 150 KENT DRIVE ORMOND BEACH,	L III	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De HARDEN, KAREN 150 KENT DRIVE ORMOND BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()De	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J. ALLISON P 02/19/2008