

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020817

Entity Name: A&H WINDOWS PLUS, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

150 KENT DRIVE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

45 HERRINGBONE WAY
ORMOND BEACH, FL 32174 US

Current Mailing Address:

150 KENT DRIVE
ORMOND BEACH, FL 32176 US

New Mailing Address:

45 HERRINGBONE WAY
ORMOND BEACH, FL 32174 US

FEI Number: 20-2348855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, MATTHEW S ESQ.
150 S. PALMETTO AVE.
DAYTONA BEACH, FL 32114 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: ALLISON, THOMAS
Address: 150 KENT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: VP () Delete
Name: HARDEN, RUSSELL III
Address: 150 KENT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: S () Delete
Name: HARDEN, KAREN
Address: 150 KENT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: T () Delete
Name: ALLISON, MARGE
Address: 150 KENT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLISON, THOMAS J
Address: 45 HERRINGBONE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: HARDEN, RUSSELL J III
Address: 45 HERRINGBONE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S (X) Change () Addition
Name: HARDEN, KAREN
Address: 45 HERRINGBONE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: T (X) Change () Addition
Name: ALLISON, MARGE
Address: 45 HERRINGBONE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

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.

SIGNATURE: THOMAS J. ALLISON

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date