

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037045

FILED  
May 01, 2007  
Secretary of State

Entity Name: SPECIALIZED WINDOW SYSTEMS OF TAMPA BAY INC

## Current Principal Place of Business:

2039 WEXFORD GREEN DR  
VALRICO, FL 33594 US

## New Principal Place of Business:

1420 HOBBS ST.  
TAMPA, FL 33619 US

## Current Mailing Address:

2039 WEXFORD GREEN DR  
VALRICO, FL 33594 US

## New Mailing Address:

1420 HOBBS ST.  
TAMPA, FL 33619 US

FEI Number: 02-0568081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LASTORIA, BRIAN  
2039 WEXFORD GREEN DR  
VALRICO, FL 33594 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: LASTORIA, BRIAN  
Address: 2039 WEXFORD GREEN DR  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN LASTORIA

PST

05/01/2007

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

\_\_\_\_\_  
Date