

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 018 ***150.00

DOCUMENT # P05000044840

1. Entity Name
WINDOW & DOORWORKS OF LAKE PLACID, INC.



Principal Place of Business

**437 N ORANGE ST
SEBRING, FL 33870 US**

Mailing Address

**209 N MAIN AVE
LAKE PLACID, FL 33852**

40070303



2. Principal Place of Business

3. Mailing Address

437 N. ORANGE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142006

Chg-P

CR2E034 (11/05)

City & State

City & State

SEBRING, FLORIDA

4. FEI Number

20-2745098

Applied For

Not Applicable

Zip

Country

Zip

Country

33870

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONDS, DAVID B
437 N ORANGE ST
SEBRING, FL 33870**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
SIMMONDS, DAVID B
437 N ORANGE ST
SEBRING, FL 33870** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
POWERS, MICHAEL A
3350 SPARTA CIR LCE
SEBRING, FL 33875** ☐ Delete

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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: Michael A Powers Michael A Powers 4/28/06 863-471-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #