## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90080 018 \*\*\*150.00

DOCUMENT # P05000044840  1. Entity Name WINDOW & DOORWORKS OF LAKE PLACID, INC.				01-29-2007 90080 018 ***150.00	•
Principal Plac	ce of Business	Mailing Address			
437 N ORANGE ST SEBRING, FL 33870 US SEBRING, FL 33870				I IEENEEK III EEKEL GIIK EEKI GOIN EEKI GEHI EIGN GEKI EIGN GIAAN ANDIK ENGLEEK (A	
2. Principal Place of Business - No P.O. Box # 3. Mail		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied 20-2745098 Not App	licable
Zíp	Country	. Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	1
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
SIMMONDS, DAVID B			ivame		
437 N ORANGE ST SEBRING, FL 33870			Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above the obligat	e named entity submits this statement lo tions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and a	ссері
SIGNATURE Signature, lybed 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			ion Financino 🔹	5 00 · · ·	
After M	ay 1, 2007 Fee will be \$550.			5.00 May Be dded to Fees	
After M	ay 1, 2007 Fee will be \$550. OFFICERS AND	OO Trust Fund Contr		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	i
10.	ay 1, 2007 Fee will be \$550.  OFFICERS AND PSTD	OO Trust Fund Contr	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1 Addition
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indicated on this report or supplied with rus litting does not quality 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.

Michael A Powers VPD 1/26/07 863-471-1333