## FILED Apr 24, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT 04-24-2006 90349 027 \*\*\*150.00 DOCUMENT # P05000052409

Zip Country Zip Country Sip Country S. Certificate of Status Deared Stat	1. Entity Nar NATION	me AL WIND	OW & DOOR, INC.	·								
PORT RICHEY, FL 34668  2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  O1182006 Chg-P CR2E034 (11/05)  City & State	Principal Place of Business			Mailing Address				00000140				
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired   See, Regulared   See, Regulare							60023140					
Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired   See, Regulared   See, Regulare	2. Principal F	Place of Busi	ness	3. Mailing Address		·· .				74		
City & State    City & State   City & State   City & State   City   Country   City   Country   City   Country   City   Country   Country   Country   City   Country   City   Country   City   C	Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	_	III <b>-4</b> (9) <b>-3</b> (1	Mait Glaff \$2112 II	#41 <b>##</b> # \$1   <b>##</b> #	
Zip Country Zip Country S. Certificate of Status Desired Agent Status Office or Status Desired Agent Status Office Offic	City & State			City & Disease				<u> </u>	CR2E			
S. Certificate of Status Desired   \$8.75 Additional Fee Requiled  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  AMIDON, DOUGLAS J 6008 MAIN STREET NEW PORT RICHEY, FL 34653  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  SIGNATURE  Signature, piped or printed name of registered agent and late if applicable. (NOTE Reported Agent signature required write required write. I am familiar with, and active obligations of registered agent.  FILE NOWIII FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE P Delate NAME MICCICHE, JOEL NAME MICCICHE, JOEL NAME SIREE ADDRESS CITY-S1-2P NEW PORT RICHEY, FL 34654  ITILE NAME SIREE ADDRESS CITY-S1-2P NEW PORT RICHEY, FL 34654  ITILE NAME SIREE ADDRESS CITY-S1-2P  Delate TITLE NAME SIREE ADDRESS CITY-S1-2P  TITLE NAME SIREE ADDRESS CITY-S1-2P  SIREE										——————————————————————————————————————	pplied For ot Applicable	
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AMIDON, DOUGLAS J 6008 MAIN STREET NEW PORT RICHEY, FL 34653    City   FL   Zip Code		6. Name	and Address of Current P	Registered Agent		Name	7. Name and	Address of New F	Registered	•		
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 act the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when remotating)  Part   Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when remotating)  Part   Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when remotating)  Part   Signature, typed or printed name of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. (NOTE: Registered Agent signature required when remotating)    DATE	6008 MAIN	N STREET					s (P.O. Box Numbe	r is Not Acceptable	e)	-		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature, yield or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required unen remotating)  PURPORT AGENCY STATE  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME  MICCICHE, JOEL  8806 PLANTERS LANE  NEW PORT RICHEY, FL 34654  CITY-ST-2IP  11TLE  VP  Delete  TITLE  NAME  SIREET AUDRESS  CITY-ST-2IP  NEW PORT RICHEY, FL 34654  CITY-ST-2IP  NEW PORT RICHEY, FL 34654  CITY-ST-2IP  TITLE  NAME  SIREET AUDRESS  CITY-ST-2IP  NEW PORT RICHEY, FL 34654  CITY-ST-2IP  TITLE  NAME  SIREET AUDRESS  CITY-ST-2IP  Change Add  Add  Change Add						City		· P•	FI	Zip Coc	je	
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TITLE	FIL After Ma	E NOW!!! ay 1, 2000	FEE IS \$150.00 6 Fee will be \$550.0			<del>_</del>		***************************************				
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TITLE Delete Del	NAME Street Address City-St-Zip	portification that	a information expedient with U		NAME STREE CITY-	ET ADDRESS ST-ZIP	and in Chancer 412	Flacida Construction	f. wh.	-	Addition	

and uniar my signature shall have the same legal effect as if made under oath; that I am an officer or director at to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. of the corporation or the rec changed, or on an attachm

SIGNATURE:

4-21-06 Date