

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000052409

1. Entity Name
NATIONAL WINDOW & DOOR, INC.



Principal Place of Business
**6137 RIDGE ROAD
PORT RICHEY, FL 34668**

Mailing Address
**6137 RIDGE ROAD
PORT RICHEY, FL 34668**



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2646335

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICCICHE, JOEL
8806 PLANTERS LANE
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MICCICHE, JOEL**
STREET ADDRESS **8806 PLANTERS LANE**
CITY - ST - ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VP**
NAME **FOCKE, CHRISTOPHER**
STREET ADDRESS **10509 FAWN DRIVE**
CITY - ST - ZIP **NEW PORT RICHEY, FL 34654**

TITLE **S/T**
NAME **FOCKE, LAWRENCE**
STREET ADDRESS **1650 NORTH MISSOURI AVE.**
CITY - ST - ZIP **LARGO, FL 33770**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000911135
05/07/08-80027-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joel Micciche **JOEL MICCICHE** **4-18-08** **727-849-4874**