

P05000067039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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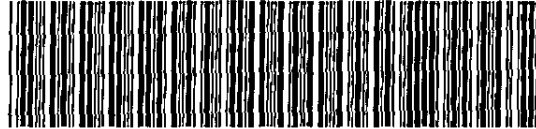
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

RAPO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL HOMECRAFT OF SW FLORIDA INC
(Name of corporation)

DOCUMENT NUMBER: P05000067039

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD W MCKINNEY
(Name of contact person)

WINDOW SUPPLY INC
(Firm/Company)

PO BOX 830157
(Address)

OCALA FL 34483-0157
(City/state and zip code)

For further information concerning this matter, please call:

TWILA B KOON at (352) 622-2580
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 29, 2005

GERALD W MCKINNEY
P.O. BOX 830157
OCALA, FL 34483-0157

SUBJECT: NATIONAL HOMECRAFT OF SW FLORIDA, INC.
Ref. Number: P05000067039

We have received your document for NATIONAL HOMECRAFT OF SW FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 205A00054446

RECEIVED
SEP-6 AM 8:00
CORPORATION

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL HOMECRAFT OF SW FLORIDA, INC.
2. The principal office address: 4300 DIVISION DR STE 3
FT MYERS FL 33905
3. The mailing address (if different): 210 JANICO CT
FT MYERS FL 33912
4. Date of incorporation/qualification: 05/04/2005 Document number: P05000067039
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NORMAN W CLARK SR

210 JANICO CT

FT MYERS FL 33912

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GERALD W MCKINNEY

89 NE 56TH TERR

(P.O. Box NOT acceptable)

OCALA FL 34470

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

Gerald W. McKinney President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

8-22-05
(Date)

If signing on behalf of an entity:

GERALD W MCKINNEY

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314