


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90106 004 ***150.00

DOCUMENT # P05000067327					
1. Entity Name CITRUS WINDOWS, INC.					
Principal Place of Business 9860 N. BEECHLAND TERRACE CRYSTAL RIVER, FL 34428 US			Mailing Address 9860 N. BEECHLAND TERRACE CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business 1384 N CITRUS Ave Suite, Apt. #, etc.		3. Mailing Address 1384 N CITRUS AV Suite, Apt. #, etc.			
City & State Crystal River FL Zip: 34429 Country: USA		City & State Crystal River, FL Zip: 34429 Country: USA		4. FEI Number 20-2800205	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAUTER, LAURIE 9800 N ULYSSES WAY CRYSTAL RIVER, FL 34428			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: BLOSS, JEFFREY STREET ADDRESS: 9860 N BEECHLAND TERRACE CITY-ST-ZIP: CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: LAUTER, LAURIE STREET ADDRESS: 9800 N ULYSSES WAY CITY-ST-ZIP: CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Laurie Lauter</u> LAURIE LAUTER <u>2/24/06</u> <u>352-302-6602</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					