


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008 8:00 am
Secretary of State

01-08-2008 90004 035 ***150.00

DOCUMENT # P05000067327	
1. Entity Name CITRUS WINDOWS, INC.	

Principal Place of Business 1384 N. CITRYS AVE CRYSTAL RIVER, FL 34429 US	Mailing Address 1384 N. CITRYS AVE CRYSTAL RIVER, FL 34429 US
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2. Principal Place of Business - No P.O. Box # 1384 N. Citrus Ave	3. Mailing Address 1384 N. Citrus Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crystal River, FL.	City & State Crystal River
Zip 34429	Zip 34429
Country Citrus	Country Citrus



01042008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2800205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLOSS, JEFFREY		NAME	
STREET ADDRESS 8860 N BEECHLND TERRACE		STREET ADDRESS	
CITY - ST - ZIP CRYSTAL RIVER, FL 34428		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAUTER, LAURIE		NAME	
STREET ADDRESS 9800 N ULYSSES WAY		STREET ADDRESS	
CITY - ST - ZIP CRYSTAL RIVER, FL 34428		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Jeffrey Bloss* **Jeffrey Bloss** 01/15/08 352-795-3016
Signature and typed or printed name of signing officer or director Date Daytime Phone #