

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90310 020 ***150.00

DOCUMENT # P05000083094

1. Entity Name
WINDOWS, INC.



Principal Place of Business Mailing Address
17351 EAST STREET 17351 EAST STREET
NORTH FT. MYERS, FL 33917 US NORTH FT. MYERS, FL 33917 US

40047001



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-2973443

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINEBAUGH, KEITH
17351 EAST STREET
NORTH FT. MYERS, FL 33917

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

Keith W Hinebaugh
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

4-11-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HINEBAUGH, KEITH
STREET ADDRESS 17351 EAST STREET
CITY-STATE-ZIP NORTH FT. MYERS, FL 33917

TITLE ☐ Change ☒ Addition
NAME *Treasurer*
STREET ADDRESS *James Childress*
CITY-STATE-ZIP *15051 Iona Lks Dr*
Ft Myers Fla 33908

TITLE VP ☐ Delete
NAME PECORE, JOEL R
STREET ADDRESS PO BOX 4526
CITY-STATE-ZIP NORTH FT. MYERS, FL 33918

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME *James Childress*
STREET ADDRESS *15051 Iona Lks Dr*
CITY-STATE-ZIP *Ft Myers Fla 33908*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

Keith W Hinebaugh
Signature, typed or printed name of signing officer or director

4-11-06

DATE

Daytime Phone #

238 878 6393