2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Jan 05, 2007 08:00 AM Secretary of State DOCUMENT # P05000084421 1. Entity Name TOP SASH WINDOWS AND DOORS, INC. Principal Place of Business Mailing Address 2311 W. LINEBAUGH AVE 2311 W. LINEBAUGH AVE TAMPA, FL 33612 US TAMPA, FL 33612 US 01022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-2980675 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PETERSON, KEVIN DO NOT WRITE 2311 W. LINEBAUGH AVE TAMPA, FL 33612 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.

GNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		1-2-07 DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	

OFFICERS AND DIRECTORS 10. TITLE NAME PÉTERSON, KEVIN D STREET ADDRESS 2300 W. LINEBAUGH AVE CITY-ST-ZIP TAMPA, FL 33612 TITLE DANKO, RAY NAME STREET ADDRESS 2311 W. LINEBAUGH AVE TAMPA, FL 33612 CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000576993 01/05/07-80008-020 150.00

Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

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CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS