## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000086200

Name:

Address: City-St-Zip: THOMAS, BRENNA L

11333 SOFORENKO DRIVE

JACKSONVILLE, FL 32218

Entity Name: CLARITY WINDOW SPECIALISTS, INC

FILED Apr 30, 2006 Secretary of State

Entity Nai	me: CLARII	Y WINDOW SPECIALIST	S, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
11333 SOFORENKO DRIVE JACKSONVILLE, FL 32218				10901 BURNT MILL RD. 1904 JACKSONVILLE, FL 32256				
Current Mailing Address:				New Mailing Address:				
11333 SOFORENKO DRIVE JACKSONVILLE, FL 32218				10901 BURNT MILL RD. 1904 JACKSONVILLE, FL 32256				
FEI Number	: 20-3017264	FEI Number Applied For	( ) FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status D	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
The above	ÖH BLVD. IVILLE, FL 32 ∙ named entity e of Florida.	207 US submits this statement for	or the purpose o	f changing i	ts registere	d office or I	registered ag	gent, or both,
0.014, (10.		nic Signature of Register	ed Agent	Date				
Election Car	npaign Financir	ng Trust Fund Contribution (	).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ( THOMAS, JER 11333 SOFOR JACKSONVILI	RENKO DRIVE		Title: Name: Address: City-St-Zip:		(X) Change ERRY D NT MILL RD. ILLE, FL 322	#1904	
Title: Name: Address: City-St-Zip:	S ( LOWDER, JAG P.O. BOX 574 BUNNELL, FL			Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title:	VP (	) Delete		Title:	VP	(X) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

THOMAS, BRENNA L

10901 BURNT MILL RD. #1904

JACKSONVILLE, FL 32256

SIGNATURE: JERRY D. THOMAS II P 04/30/2006