

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90051 006 \*\*\*150.00

<b>DOCUMENT # P05000102783</b> 1. Entity Name <b>MOE'S WINDOW SERVICE, INC.</b>					
Principal Place of Business <b>7680 ROYAL CREST DRIVE JACKSONVILLE FL 32256</b>		Mailing Address <b>7680 ROYAL CREST DRIVE JACKSONVILLE FL 32256</b>			
2. Principal Place of Business <b>4828 Irvington Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>4828 Irvington Ave</b> Suite, Apt. #, etc.			
City & State <b>Jax, FL</b> Zip <b>32210</b>		City & State <b>Jax, FL</b> Zip <b>32210</b>		4. FEI Number <b>54 2177727</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARTIN, JOHNE K 1315-1 LANE AVENUE SOUTH JACKSONVILLE FL 32205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Mealea Meas</u> (NOTE: Registered Agent signature required when reconstituting) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PTD</b> <input type="checkbox"/> Delete NAME <b>MEAS, MEALEA</b> STREET ADDRESS <b>7680 ROYAL CREST DRIVE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE: <u>mealea meas</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>01-20-06</b> Date Daytime Phone #	