

# 2007 FOR PROFIT CORPORATION- ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90093 045 \*\*\*158.75

**DOCUMENT # P05000104815**

1. Entity Name

KC & DJ WINDOWS, INC.



Principal Place of Business

602 MARICOPA DR  
KISSIMMEE FL 34758  
US

Mailing Address

602 MARICOPA DR  
KISSIMMEE FL 34758  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **20-3213782**

Applied For  
Not Applicable

Zip Country

Zip Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, CARLOS A P  
602 MARICOPA DR  
KISSIMMEE FL 34758

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

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUZ, CARLOS A	
STREET ADDRESS	602 MARICOPA DR	
CITY ST ZIP	KISSIMMEE FL 34758	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	CRUZ, JAQUELINE	
STREET ADDRESS	602 MARICOPA DR	
CITY ST ZIP	KISSIMMEE FL 34758	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CANCEL, HERIBERTO	
STREET ADDRESS	602 MARICOPA DR	
CITY ST ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> Delete
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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.

SIGNATURE: *Carlos A. Cruz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

(321) 284-6072

Date

Daytime Phone #