
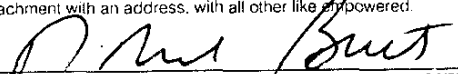


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90246 046 ***150.00

DOCUMENT # P05000125373 1. Entity Name WEST ORANGE WINDOW, INC.			
Principal Place of Business 421 E OAKLAND AVE OAKLAND, FL 34760		Mailing Address PO BOX 770098 WINTER GARDEN, FL 34777	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1207 Suite, Apt. #, etc.	
City & State OAKland FL		4. FEI Number 20-3493745	
Zip 34760		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM N ASMA, P.A. 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BRITT, R NEIL	NAME	
STREET ADDRESS	PO BOX 770098	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	CITY-ST-ZIP	
TITLE	VPD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	COX, ERNEST	NAME	
STREET ADDRESS	17028 GLORY ANNA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	TD	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ARELLANO, JOHN	NAME	
STREET ADDRESS	PO BOX 770098	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-2-07 407-656-2113 Date Daytime Phone #	

40065955



03272007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete <input type="checkbox"/>
NAME	BRITT, R NEIL	
STREET ADDRESS	PO BOX 770098	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	
TITLE	VPD	Delete <input type="checkbox"/>
NAME	COX, ERNEST	
STREET ADDRESS	17028 GLORY ANNA DRIVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	TD	Delete <input type="checkbox"/>
NAME	ARELLANO, JOHN	
STREET ADDRESS	PO BOX 770098	
CITY-ST-ZIP	WINTER GARDEN, FL 34777	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
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CITY-ST-ZIP		
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SIGNATURE:  4-2-07 407-656-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #