

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000151915

1. Entity Name  
ELITE WINDOWS AND DOORS, INC.



Principal Place of Business  
2303 NE 36TH AVENUE  
OCALA, FL 34470 US

Mailing Address  
2303 NE 36TH AVENUE  
OCALA, FL 34470 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3823774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL HICKS, P.A.  
421 SOUTH PINE AVENUE  
OCALA, FL 34474

Name  
ENOCH K. OSTANIK

Street Address (P.O. Box Number is Not Acceptable)

2303 N.E. 36th Avenue

City  
Ocala

FL

Zip Code  
34470

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

*Enoch K. Ostanik*

Enoch K. Ostanik

June 1, 2007

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

(NOTE: If registered agent signature is not present when completing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
OSTANIK, ENOCH K  
2303 NE 36TH AVENUE  
OCALA, FL 34470 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPD  
OSTANIK, ERIC K.  
2303 NE 36th Avenue  
Ocala FL 34470 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RIVERA, CARLOS  
P.O. Box 609  
SILVER SPRINGS FL 34488 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600104108706  
06/08/07--01013--017 \*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Enoch K. Ostanik*

Enoch K. Ostanik

June 1, 2007 (352) 867-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 JUN -5 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



61.7