## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # P06000000350



**FILED** 

Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90040 024 \*\*\*150.00 A+ WINDOW & DOOR INSTALLATION, INC. Principal Place of Business Mailing Address 4*001000* 14280 MANATEE ROAD 14280 MANATEE ROAD PARRISH, FL 34219 US PARRISH, FL 34219 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4154289 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROHRING, ANGEL Street Address (P.O. Box Number is Not Acceptable) 14280 MANATEE ROAD PARRISH, FL 34219 City 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 rigistered agent and title if applicable (NOTE: Registere | Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THE Addition ROHRING, GERALD NAME STREET ADDRESS 14280 MANATEE ROAD STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 CITY-SI-ZIP THILE Oelete Addition UIL ☐ Change ROHRING, ANGEL NAME STREET ADDRESS 14280 MANATEE ROAD STREET ADDRESS CHY-ST-ZIP PARRISH, FL 34219 CIEC-SI-AP Delete TITLE ☐ Chanoe Addition MANNHART, ERNEST S STREET ADDRESS 3616 28TH AVE W STREET ADORESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-2IP TITLE Delete ☐ Change Addition HENDERSON, STEVEN R NAME NAME STREET ADDRESS 4505 22ND AVE E STREET ADDRESS CHY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP HHE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 it 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:

NG OFFICER OR DIRECTOR