2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000065921

1. Entity Name
PREFERRED WINDOW COVERINGS INC

Principal Place of Business	Mailing Address
2151 DOBBS ROAD	2151 DOBBS ROAD
UNIT 8	UNIT 8
ST AUGUSTINE, FL 32086	ST AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE

03262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-4840103	Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINSON, JOHN W
45 OCEAN WOODS DR EAST
ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

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 if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

00000000892782
04/23/08--80078-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ATKINSON, JOHN W
STREET ADDRESS	45 OCEAN WOODS DR EAST
CITY-ST-ZIP	ST AUGUSTINE, FL 32080

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-SI-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4-8-08   904) 829-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #