

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000134546

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** WINDOW DOCTOR SCREENS OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

1065 SILVER BEACH RD  
BAY 11  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

1065 SILVER BEACH RD  
BAY 11  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

WINDOW DOCTOR, INC  
1133 OLD DIXIE HIGHWAY, UNIT 7  
LAKE PARK, FL 33404

**FEI Number:** 20-5761188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JABLANSKI, JOANNE  
1065 SILVER BEACH RD.  
BAY 11  
RIVIERA BEACH, FL 33404 US

**Name and Address of New Registered Agent:**

JABLANSKI, JOANNE  
1133 OLD DIXIE HIGHWAY,  
SUITE 7  
LAKE PARK, FL 33404 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: JABLANSKI, JOANNE  
Address: 1365 SILVER BCHRD BAY 11  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP  
Name: JABLANSKI, WILLIAM J  
Address: 1065 SILVER BEACH RD. BAY 11  
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE JABLONSKI

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date