

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007682

Entity Name: WINDOW PANES INC

FILED  
Apr 25, 2008  
Secretary of State

**Current Principal Place of Business:**

4115 SHADY OAKS CT  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4115 SHADY OAKS CT  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 76-0848089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, MARK D  
4115 SHADY OAKS CT.  
SARASOTA, FL FL US

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

SMITH, MARK D  
4115 SHADY OAKS CT.  
SARASOTA, FL 34233 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

04/25/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, MARK D  
Address: 4115 SHADY OAKS CT.  
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete  
Name: SMITH, JEREMY  
Address: 4441 MCINTOSH PARK DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete  
Name: SMITH, JASON  
Address: 4441 MCINTOSH PARK DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Delete  
Name: GARBER, MICHAEL T  
Address: P.O. BOX 1159  
City-St-Zip: VENICE, FL 34284

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK D. SMITH

Electronic Signature of Signing Officer or Director

P

04/25/2008

Date