

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90032 004 ***150.00

DOCUMENT # P07000070093

1. Entity Name
DRANOW WINDOW CO., INC.



Principal Place of Business
4431 DAVIE ROAD STE 121
DAVIE, FL 33314

Mailing Address
4431 DAVIE ROAD STE 121
DAVIE, FL 33314

60046197



2. Principal Place of Business - No P.O. Box #
17821 NW 84 CT
Suite, Apt. #, etc.

3. Mailing Address
17821 NW 84 CT
Suite, Apt. #, etc.

07302008 Chg-P CR2E034 (12/06)

City & State
Hialeah FL
Zip 33015 Country USA

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Hialeah FL
Zip 33015 Country USA

4. FEI Number
26-037718Z
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CENCEBAUGH, SANDRA
4431 DAVIE ROAD STE 121
DAVIE, FL 33314

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Ste. 109
City FL 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MISSIG, FRANK	
STREET ADDRESS	17821 NW 84 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	MISSIG, JUDITH	
STREET ADDRESS	17821 NW 84 COURT	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/08

Date

Daytime Phone #