

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082938

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** PALM BEACH HURRICANE WINDOWS, INC.

**Current Principal Place of Business:**

925 S. MILITARY TRL.  
D 5  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

605 MAPLEWOOD DRIVE  
GREENACRES, FL 33415 US

**New Mailing Address:**

925 S. MILITARY TRL.  
D 5  
WEST PALM BEACH, FL 33415 US

**FEI Number:** 26-3345913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIHALKO, CRAIG G  
605 MAPLEWOOD DRIVE  
GREENACRES, FL 33415 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MIHALKO, CRAIG G  
Address: 605 MAPLEWOOD DRIVE  
City-St-Zip: GREENACRES, FL 33415 US

Title: VP  
Name: MIHALKO, CRAIG G  
Address: 605 MAPLEWOOD DRIVE  
City-St-Zip: GREENACRES, FL 33415 US

Title: S  
Name: MIHALKO, CRAIG G  
Address: 605 MAPLEWOOD DRIVE  
City-St-Zip: GREENACRES, FL 33415 US

Title: T  
Name: MIHALKO, CRAIG G  
Address: 605 MAPLEWOOD DRIVE  
City-St-Zip: GREENACRES, FL 33415 US

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: CRAIG MIHALKO

PRES

04/27/2011

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

\_\_\_\_\_  
Date