

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085356

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: WINDOW EVALUATION TESTING CORP.

## Current Principal Place of Business:

2500 DRANE FIELD RD  
UNIT 210  
LAKELAND, FL 33811

## New Principal Place of Business:

37218 N. THRILL HILL RD.  
EUSTIS, FL 32736

## Current Mailing Address:

2500 DRANE FIELD RD  
UNIT 210  
LAKELAND, FL 33811

## New Mailing Address:

37218 N. THRILL HILL RD.  
EUSTIS, FL 32736

FEI Number: 26-3371136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, GARY T  
37218 N. THRILL HILL RD  
EUSTIS, FL 32736 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIS, GARY T  
Address: 37218 N THRILL HILL RD  
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete  
Name: EVANGELISTO, DOUG  
Address: 1303 TOM WATSON RD  
City-St-Zip: LAKELAND, FL 33801

Title: SEC (X) Delete  
Name: MELVILLE, DAVID M  
Address: 6490 WALKERS GLEN CT  
City-St-Zip: LAKELAND, FL 33813

## 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:

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: GARY T. DAVIS

PRES

04/21/2009

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

\_\_\_\_\_  
Date