

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108385

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA LIFETIME IMPACT WINDOW & DOOR, INC.

**Current Principal Place of Business:**

5134 WEST IDLEWILD  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5134 WEST IDLEWILD  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 26-3872014      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

LANE II, MICHAEL  
2502 THORNBROOK PL  
TAMPA, FL 33618 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: PD  
Name: LANE II, MICHAEL  
Address: 2502 THORNBROOK PL  
City-St-Zip: TAMPA, FL 33618 US

Title: VD  
Name: GOODMAN, KEN  
Address: 2624 COLONY DR  
City-St-Zip: DUNEDIN, FL 34698 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: MICHAEL S LANE II

PD

02/28/2011

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

\_\_\_\_\_  
Date