

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000017143

FILED
Apr 27, 2011
Secretary of State

Entity Name: WINDOW DOCTOR OF NORTH FL, INC.

Current Principal Place of Business:

1921 NE 20TH ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1921 NE 20TH ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IDZIAK, DUANE
1921 NE 20TH ST
OCALA, FL 34470 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/D
Name: IDZIAK, DUANE
Address: 1921 NE 20TH ST
City-St-Zip: OCALA, FL 34470

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: DUANE IDZIAK

P/D

04/27/2011

Electronic Signature of Signing Officer or Director

Date