


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P21321	
1. Entity Name JW WINDOW COMPONENTS, INC.	

Principal Place of Business 861 N HERCULES AVE CLEARWATER, FL 33765 US	Mailing Address P.O. BOX 4490 CLEARWATER, FL 33758
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3429839	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FASEMYER, JANET 861 N. HERCULES AVE. CLEARWATER, FL 33765

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DESOTO, PETER 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ROBERT 650 W MARKET ST GRATZ, PA 17030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POPPLETON, JAY K 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUTHRIE, SARAH W 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF FASEMYER, JANET 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: 	Date: 4/29/04	Daytime Phone #: 727-461-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		