

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000015486

1. Entity Name

ABILITY WINDOW & DOOR, INC.



Principal Place of Business

911 CLEARLAKE ROAD
COCOA FL 32922

Mailing Address

P.O. BOX 3465
COCOA FL 32924-3465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3158004

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORLEY, MAUREEN
911 CLEARLAKE ROAD
COCOA FL 32922

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Maureen Morley

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/3/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME MORLEY, MAUREEN B ☐ Delete
STREET ADDRESS 115 MC IVER LANE
CITY- ST- ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000038341
CITY- ST- ZIP 02/06/04-80136-008 158.75

TITLE V ☐ Delete
NAME LYNAR, CYNTHIA
STREET ADDRESS 207 PRICE ROAD
CITY- ST- ZIP HAWTHORNE FL 32640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V ☐ Delete
NAME MORTON, SALI
STREET ADDRESS 3925 JANIE COURT
CITY- ST- ZIP ORLANDO FL 32822-7765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VPD ☐ Delete
NAME BAYER, KIMBERLY
STREET ADDRESS 200 INTERNATIONAL DR., #814
CITY- ST- ZIP CAPE CANAVERAL FL 32920

TITLE ☒ Change ☐ Addition
NAME ROSS, KIMBERLY
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Maureen Morley

MAUREEN MORLEY

2/3/04

321-636-8034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #