

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 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



01302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

MORLEY, MAUREEN
911 CLEARLAKE ROAD
COCOA, FL 32922

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000214076
02/03/05-80096-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MORLEY, MAUREEN B
STREET ADDRESS	115 MC IVER LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	V
NAME	LYNAR, CYNTHIA
STREET ADDRESS	207 PRICE ROAD
CITY-ST-ZIP	HAWTHORNE, FL 32640
TITLE	V
NAME	MORTON, SALI
STREET ADDRESS	3925 JANIE COURT
CITY-ST-ZIP	ORLANDO, FL 328227765
TITLE	VPD
NAME	ROSS, KIMBERLY
STREET ADDRESS	200 INTERNATIONAL DR., #814
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05

Date

321-636-8034

Daytime Phone #