

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015486

Entity Name: ABILITY WINDOW & DOOR, INC.

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

911 CLEARLAKE ROAD
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3465
COCOA, FL 329243465

New Mailing Address:

FEI Number: 59-3158004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORLEY, MAUREEN
911 CLEARLAKE ROAD
COCOA, FL 32922 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MORLEY, MAUREEN B
Address: 115 MC IVER LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: ROSS, KIMBERLY
Address: 200 INTERNATIONAL DR., #814
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ROSS, KIMBERLY
Address: 5319 DUSKYWING DR
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN MORLEY

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01/06/2009

Electronic Signature of Signing Officer or Director

Date