

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # P94000002250

1. Entity Name

CREATIVE WINDOW DESIGN, INC.



Principal Place of Business

6906 LOG JAM CT  
OCOE FL 34761

Mailing Address

6906 LOG JAM CT  
OCOE FL 34761



2. Principal Place of Business - No P.O. Box #  
6906 LOG JAM CT.

Suite, Apt. #, etc.  
OCOE FL 34761

City & State

Zip  
34761

Country

ORANGE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3218987

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, STEVE  
6906 LOG JAM CT  
OCOE FL 34761

7. Name and Address of New Registered Agent

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

*Steve Brown*

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

(NOTE: Registered Agent signature required when re-registering)

2-16-08

DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 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

TITLE PD ☐ Delete  
NAME BROWN, STEVE  
STREET ADDRESS 6906 LOG JAM CT  
CITY-ST-ZIP OCOEE FL 34761

TITLE TREA ☐ Delete  
NAME BARRIEAU, MICHAEL P JR.  
STREET ADDRESS 30 W. BOB WHITE STREET  
CITY-ST-ZIP APOKA FL 32712

TITLE SECR ☐ Delete  
NAME GRUHLER, MICHAEL J MR.  
STREET ADDRESS 25343 TROON AVENUE  
CITY-ST-ZIP MT. PLYMOUTH FL 32776

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 exemptions contained in Section 119, 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:

*Steve Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-08 321 231-2291

Date

Day: 16 Phone: 3