

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90058 007 ***150.00

DOCUMENT # P94000060501 1. Entity Name SOUTHWEST WINDOW AND DOOR INC.			
Principal Place of Business 5645 YOUNGQUIST ROAD FORT MYERS, FL 33912		Mailing Address 13300-56 S. CLEVELAND AVE. MSC 302 FT. MYERS, FL 33907 US	
2. Principal Place of Business - No P.O. Box # 13561 PLANNATION RD.		3. Mailing Address Suite, Apt. #, etc. UNIT 102.	
City & State FT. MYERS, FL.		City & State FT. MYERS, FL.	
Zip 33912		Country LEE	
4. FEI Number 65-0516503		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHREIBER, RICHARD W 5645 YOUNGQUIST ROAD FORT MYERS, FL 33913		7. Name and Address of New Registered Agent Name SCHREIBER RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 13561 PLANNATION RD UNIT 102. City FT. MYERS FL 33912	
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 <u><i>Richard W. Schreiber</i></u> 1/17/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME SCHREIBER, RICHARD W. STREET ADDRESS 5645 YOUNGQUIST ROAD CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME SCHREIBER RICHARD W. STREET ADDRESS 13300-56 S. CLEVELAND AVE MSC 302 CITY-ST-ZIP FT. MYERS, FL. 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>Richard W. Schreiber</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/17/2007</u> Daytime Phone # <u>239-454-5959</u>	

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