## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 11, 2005 8:00 am **Secretary of State** DOCUMENT # P95000054309 1. Entity Name 03-11-2005 90305 029 \*\*\*150.00 AFFORDABLE WINDOW TINTING, INC. Mailing Address Principal Place of Business 5901 LINCOLN CIRCLE.W. LAKE WORTH FL 33463 5901 LINCOLN CIRCLE W. LAKE WORTH FL 33463 3. Mailing Address 2. Principal Place of Business 362 SE YARdley TERR 362 SE YARdley TERR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) PORT Saint Luc City & State PORT Saint Lucie City & State 4. FEI Number Applied For 65-0594441 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ 34983 Fee Required 34983 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZOETVELT, RUSSELL 5901 LINCOLN CIRCLE W. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. . . Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete THIF Change Zoetvelt, Russell 362 SEYARdley Terr NAME ZOETVELT, RUSSELL NAME 5901 LINCOLN CIRCLE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-2IP Port Saint Lucie, Fc 34983 ☐ Change ☐ Addition TIDE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change ☐ Addition HILE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY- \$1-7/P

HANDLE OF LOOK OF SIGNING OFFICER OR DIRECTOR

3/4/05

561 586-5226

FILED

Daytime Phone #