

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90010 007 \*\*\*150.00

**DOCUMENT # P95000066744**

1. Entity Name  
OPEN WINDOWS, INC.



Principal Place of Business  
6309 CORPORATE CT  
STE 103  
FORT MYERS, FL 33919 US

Mailing Address  
6309 CORPORATE CT  
STE 103  
FORT MYERS, FL 33919 US

Wrong

40044970



2. Principal Place of Business

17650 Corkscrew Rd  
Suite, Apt. #, etc.

3. Mailing Address

17650 Corkscrew Rd  
Suite, Apt. #, etc.

03312006 Chg-P CR2E034 (11/05)

City & State  
Estero FL

City & State  
Estero FL

4. FEI Number  
65-0609465

Applied For  
Not Applicable

Zip  
33928 Country  
USA

Zip  
33928 Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSHEY, MICHELLE  
6309 CORPORATE CT  
STE 103  
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name  
Same  
Street Address (P.O. Box Number is Not Acceptable)  
17650 Corkscrew Rd  
City  
Estero FL Zip Code  
33928

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HERSHEY, MICHELLE  
17650 CORKSCREW ROAD  
ESTERO, FL 33928 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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

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:

Michelle Hershey 4/3/06

(939) 948-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #