

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90043 021 ***150.00

DOCUMENT # P96000043172

1. Entity Name
GTC HURRICANE WINDOW DISTRIBUTORS, INC.



Principal Place of Business
1963 W. MCANB RD
POMPAÑO BEACH, FL 33069 US

Mailing Address
1963 W. MCANB RD
POMPAÑO BEACH, FL 33069 US

400000100



01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
5600 NW 12TH AVENUE
(Suite) Apt. #, etc.
301

3. Mailing Address
5600 NW 12TH AVENUE
(Suite) Apt. #, etc.
301

City & State
FT. LAUDERDALE - FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-0669610

Applied For
Not Applicable

Zip
33309

Country
BROWARD

Zip
33309

Country
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKO, DAVID EVERETT
3001 SW 3 AVE
MIAMI, FL 33129

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

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, 2007 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
PD
DEATER, GARY T
320 SW SQUARE JOHNS LANE
PALM CITY, FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
TANN, CHARLES A
1617 ADAMS STREET
HOLLYWOOD, FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DEATER, GARY T II
2500 NORTHWEST 114TH AVENUE
CORAL SPRINGS, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY - ST - ZIP
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY T. DEATER II

VICE PRESIDENT / SECRETARY

1/8/07 (954) 969 0068

Date

Telephone #