

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90035 043 ***150.00

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1. Entity Name
COX DESIGNER WINDOWS, INC.



Principal Place of Business
**6810 COMMERCE AVENUE
PORT RICHEY, FL 34668**

Mailing Address
**6810 COMMERCE AVENUE
PORT RICHEY, FL 34668**

40004000



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3388199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBERTS, STEVEN G
6810 COMMERCE AVENUE
PORT RICHEY, FL 34668**

DO NOT WRITE
IN THIS SPACE

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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 ROBERTS, STEVEN G 6810 COMMERCE AVENUE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROSPER, DOMINIC 6810 COMMERCE AVENUE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACOBSON, STEPHEN B 6810 COMMERCE AVENUE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCDONELL, RICHARD 6810 COMMERCE AVENUE PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE:

Steven G. Roberts

1/20/05

727-847-1046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #