# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2008**
**Secretary of State**

DOCUMENT# P96000050122

**Entity Name:** COX DESIGNER WINDOWS, INC.

**Current Principal Place of Business:**

6810 COMMERCE AVENUE
PORT RICHEY, FL 34668

**New Principal Place of Business:**

6731 INDUSTRIAL AVENUE
PORT RICHEY, FL 34668

**Current Mailing Address:**

6810 COMMERCE AVENUE
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number: 59-3388199** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ROBERTS, STEVEN G
Address: 6810 COMMERCE AVENUE
City-St-Zip: PORT RICHEY, FL 34668

Title: S ( ) Delete
Name: PROSPERI, DOMINIC
Address: 6810 COMMERCE AVENUE
City-St-Zip: PORT RICHEY, FL 34668

Title: T ( ) Delete
Name: JACOBSON, STEPHEN B
Address: 6810 COMMERCE AVENUE
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete
Name: COOPER, CAROLYN
Address: 6810 COMMERCE AVENUE
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN W. COOPER VP 01/21/2008

Electronic Signature of Signing Officer or Director — Date