

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90039 032 ***150.00

DOCUMENT # P96000057870					
1. Entity Name T Z WINDOWS NORTH INC.					
Principal Place of Business 4341 OKEECHOBEE BLVD BAY G1 & G2 WEST PALM BEACH, FL 33409 US			Mailing Address 4341 OKEECHOBEE BLVD BAY G1 & G2 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business 4341 OKEECHOBEE BLVD Suite, Apt. #, etc. BAY G1 + G2 City & State W. PALM BCH FL Zip 33409		3. Mailing Address 4341 OKEECHOBEE BLVD Suite, Apt. #, etc. BAY G1 + G2 City & State W PALM BCH FL Zip 33409		01122004 Chg-P CR2E034 (10/03)	
33409 USA		33409 USA		4. FEI Number 65-0690842	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATZ, MARVIN 4341 OKEECHOBEE BLVD BAY 61 & 62 WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent 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: DATE: 1/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, MARVIN 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, JANE C 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONEY, MICHAEL 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			MARVIN MATZ		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/16/04 561-688-0990 <small>Date Daytime Phone #</small>		

Attachment



#P96000057870

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 12, 2004

T Z WINDOWS NORTH INC.
4341 OKEECHOBEE BLVD
BAY G1 & G2
WEST PALM BEACH, FL 33409 US

SUBJECT: T Z WINDOWS NORTH INC.
Ref. Number: P96000057870

THIS WAS ALREADY
PAID - 1/6/04
CHECK 7250
150.00

Please accept our apology, the form you enclosed is the on-line filing form.
Complete the approved form enclosed and return with your check for \$150.00.

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 604A00002042

YOU DID NOT MAIL
ANNUAL REPORT FORM
TO FILL OUT SO WE
USED ON LINE FORM.

Janet Clegg

NO ENVELOPE SENT
WITH THIS MAILING.