03/14/2006 12:04 8139853972 CALVARY TEM

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90240 037 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081346

1. Entity Name
ARTISTIC WINDOWS, INC.

Principal Place of Business
2806 W. PAXTON AVE
TAMPA, FL 33611 US

Mailing Address
2806 W. PAXTON AVE
TAMPA, FL 33611 US

400387UU

03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3112 W Kennedy Blvd	3112 W Kennedy Blvd
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C
City & State Tampa FL	City & State Tampa FL
Zip 33609 Country USA	Zip 33609 Country USA

4. FEI Number 59-3262112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SOWDER, J. SCOTT
4509 W NORTH B STREET
TAMPA, FL 33609

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 5000 Culbreath Key Way
S-501
City Tampa FL Zip Code 33629

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOWDER, J S 2806 W. PAXTON AVE TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sowder, JS 5000 Culbreath Key Way S-501 TAMPA FL 33629	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: [signature] 3-23-06 813 885 8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #