2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

727-343-7922

1. Entity Nam	MENT # P970000175 of windows, inc.	51		Secretary of State
2201 72ND	ce of Business_ ST NORTH URG, FL 33710	Mailing Address 2201 72ND ST NORTH ST PETERSBURG, FL 33710		
Ē	OÖ NÖT WRITE	IN THIS SPA	ČE	01132005 No Chg-P CR2E034 (10/03) 4. FEI Number
,	6. Name and Address of Current Re	Istered Agent		59-3428749 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
JONES, MARTIN S 7746 66TH STREET N. PINELLAS PARK, FL 33781				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 reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS	a themens to c	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZIKOW, GERALD J 1620 ROYAL PALM DRÍVE SOUTH SO PASEDÉNA, FL 33707		And the second of the second o	100000183443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLEDSOE, ROBERT W 4936 26TH AVENUE NORTH ST PETERSBURG, FL 33710			01/19/05-80069-008 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Marie Control of the	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLS NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify indicated in Section 119.07(3)(I). Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that a greature 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 trigst to employered 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 adulties with all other like empowered.				
SIGNATURE: SIGNATURE: SIGNATURE NO TYPEOPER PRIVING NAME OF SIGNING OFFICER OR DIRECTOR DIREC				