


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000084065**  
 1. Entity Name  
**FLORIDA WOOD WINDOW & DOOR, INC.**



Principal Place of Business <b>5650 HALIFAX AVENUE          FORT MYERS, FL 33912 US</b>	Mailing Address <b>5650 HALIFAX AVENUE          FORT MYERS, FL 33912 US</b>
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**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0779053</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHANNON, DANIEL P  
 6889 KIMBERLY TERRACE  
 FORT MYERS, FL 33912**

**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 Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000231170  
 04/07/05-80015-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARABIE, CHARLES R 2448 EPHRAIM AVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHANNON, DANIEL P 6889 KIMBERLY TERRACE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ESCKILSEN, GARY L 20589 ARMADA COURT ESTERO, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IVY, JAMES T 15481 CATALPA COVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **DANIEL P. SHANNON** 4-4-05 2394376166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #