

**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      Mailing Address  
**5650 HALIFAX AVENUE**      **5650 HALIFAX AVENUE**  
**FORT MYERS, FL 33912 US**      **FORT MYERS, FL 33912 US**

**DO NOT WRITE IN THIS SPACE**



03152005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0779053**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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

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

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IN THIS SPACE**

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