2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90291 026 ***150.00 DOCUMENT # P97000084065 FLORIDA WOOD WINDOW & DOOR, INC. **60025824** Principal Place of Business Mailing Address 5650 HALIFAX AVENUE 5650 HALIFAX AVENUE FORT MYERS, FL 33912 FORT MYERS, FL 33912 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0779053 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANNON, DANIEL P Street Address (P.O. Box Number is Not Acceptable) 6889 KIMBERLY TERRACE FORT MYERS, FL 33912 City 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 agents 4-6-06 SIGNATURE Signature, typed or printed na ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Defete TITLE ☐ Change ☐ Addition ARABIE, CHARLES R NAME NAME 2448 EPHRAIM AVE STREET ADDRESS STREET ADDRESS City-St-ZiP FORT MYERS, FL 33907 CITY-ST-ZtP DV/DS DV TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHANNON, DANIEL P NAME NAME STREET ADDRESS **6889 KIMBERLY TERRACE** STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP Delete DS TITLE TITLE Change ☐ Addition NAME ESCKILSEN, GARY L NAME 20589 ARMADA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33908 CITY+ST-7IP Delete TITLE Change ☐ Addition IVY, JAMES T NAME NAME STREET ADDRESS 15481 CATALPA COVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 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.

FILED

4-6-06 239-437-6166 Date Daytime Phone #