

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90013 043 ***150.00

DOCUMENT # **P98000078935**

1. Corporation Name

CENTRAL FLORIDA WINDOWS, INC.

Principal Place of Business

**4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

65-0864052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 156 Shadow Trail

Suite, Apt. #, etc:

22 Longwood Florida

City & State

23 32750 USA

Zip

Country

2a. Mailing Address

26 156 Shadow Trail

Suite, Apt. #, etc:

27 Longwood Florida

City & State

28 32750 USA

Zip

Country

9. Name and Address of Current Registered Agent

PAGAN, DALE

**4134 GULF OF MEXICO DRIVE, SUITE 302
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

**81 Name
Pagan, Dale**

82 Street Address (P.O. Box Number is Not Acceptable)

156 Shadow Trail

83

**84 City
Longwood**

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
D PAGAN, DALE
STREET ADDRESS
4134 GULF OF MEXICO DRIVE, SUITE 302
CITY-ST-ZIP
LONGBOAT KEY FL 34228**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME
Pagan, Dale**

**1.3 STREET ADDRESS
156 Shadow Trail**

**1.4 CITY-ST-ZIP
Longwood, FL 32750**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
PAGAN, DALE**

**2.3 STREET ADDRESS
716 SAVAGE COURT**

**2.4 CITY-ST-ZIP
LONGWOOD FL 32750**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/99 407260 9223

Date

Daytime Phone #

CR2634 (11/88)