2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000007663

1. Entity Name
SUNNY BARNARD CUSTOM WINDOWS, INC.

Principal Place of Business	Mailing Address
830-13 A1A NORTH, STE. 184	830-13 A1A NORTH, STE. 184
PONTE VEDRA BEACH, FL 32082	PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

02262008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3556715		Not Applicable

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

6. Name and Address of Current Registered Agent

BARNARD, SUNNY
830-13 A1A NORTH, STE. 184
PONTEVEDRA BEACH, FL 32082

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000903819
04/30/08-80061-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNARD, SUNNY
STREET ADDRESS	830-13 A1A NORTH, STE. 184
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____   4/14/08   904 591.4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #