

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000030298

1. Entity Name

GALAXY WINDOW AND DOOR INC.



Principal Place of Business

1900 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069

Mailing Address

1900 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0918962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GATTO, PAUL
1900 N. ANDREWS AVE. EXT.
POMPANO BEACH, FL 33069

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GATTO, PAUL
STREET ADDRESS 1900 N. ANDREWS AVE. EXT. C.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VP
NAME GOULD, PATRICK
STREET ADDRESS 1900 N. ANDREWS AVE EXT. C
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D
NAME YURINA, JOHN
STREET ADDRESS 1900 N. ANDREWS AVE. EXT. #C
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000782455
01/15/08-80075-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/10/08

Date

954-978-2400

Daytime Phone #