

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

Be/FOREW5-1-04

FILED

04 APR -8 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1129/04 01064 001 61.25



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0905622	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DOCUMENT # P99000031084**  
1. Entity Name  
NORTH PORT DOOR & WINDOW, INC.



Principal Place of Business 1580 MARKET CIRCLE UNIT 5 PORT CHARLOTTE, FL 33953-3833	Mailing Address 1580 MARKET CIRCLE UNIT 5 PORT CHARLOTTE, FL 33953-3833
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
FURMAN, DOUGLAS C  
943 W. TARPON BLVD. NW  
PORT CHARLOTTE, FL 33952

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, DOUGLAS C 1580 MARKET CIR., UNIT #5 PORT CHARLOTTE, FL 339533833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, STEVEN F 2569 ELKCAM BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, CHRISTOPHER 2361 JAMAICA ST PORT CHARLOTTE, FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300027893183  
01/29/04--01064--001 \*\*61.25

300027893183  
04/12/04--01069--002 \*\*97.50

**DO NOT WRITE 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 of an attachment with an address, with all other like empowered.

SIGNATURE: Douglas C Furman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04 255-3473  
Date Daytime Phone #

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