

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90111 024 \*\*\*158.75

**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**

**12016624**



05022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0905622**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURMAN, DOUGLAS C  
943 W. TARPON BLVD. NW  
PORT CHARLOTTE, FL 33952**

Name **FURMAN DOUGLAS C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2239 RIO DE JANEIRO BLVD  
Punta Gorda, FL 33983**  
City **Punta Gorda** FL Zip Code **33983**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FURMAN, DOUGLAS C**  
STREET ADDRESS **1580 MARKET CIR., UNIT #5**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 339533833**

TITLE **S** ☐ Change ☒ Addition  
NAME **CHRISTINA M. FURMAN**  
STREET ADDRESS **1580 market circle #5**  
CITY-ST-ZIP **Port charlotte, FL 33953**

TITLE **S** ☒ Delete  
NAME **CLARK, STEVEN F**  
STREET ADDRESS **2569 ELKCAM BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **FURMAN, CHRISTOPHER**  
STREET ADDRESS **2361 JAMAICA ST**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on 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

Date

Daytime Phone #