


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0905622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FURMAN, DOUGLAS C 2239 RIO DE JANEIRO BLVD PUNTA GORDA, FL 33983
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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 <u>Christina M Furman Co/owner Secretary</u> DATE <u>01/11/2008</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/16/08-80027-021 158.75
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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 FURMAN, CHRISTINA M 1580 MARKET CIRCLE #5 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FURMAN, CHRISTOPHER D 1580 MARKET CIRCLE UNIT # 5 PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Christina M Furman Co/owner Secretary</u> DATE <u>01/11/2008</u> DAYTIME PHONE # <u>941-255-3473</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
