


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

01-31-2007 90048 028 ***150.00

DOCUMENT # P99000069176	
1. Entity Name 1ST CHOICE SERVICE, WINDOWS & DOORS, INC.	

Principal Place of Business 4306 NE HYLINE DRIVE JENSEN BEACH, FL 34957	Mailing Address 4306 NE HYLINE DRIVE JENSEN BEACH, FL 34957
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEISBECKER, LINDA J 4306 NE HYLINE DRIVE JENSEN BEACH, FL 34957
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**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] DATE 1/24/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISBECKER, ANTHONY J 4306 NE HYLINE DRIVE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISBECKER, LINDA J 4306 NE HYLINE DRIVE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESTESNEY, MARK 4216 NE HYLINE DR FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jim Brubaker P.O. Box 702 Palm City, FL 34991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*- did not of Revocation of Election to be
except on 1/24/07*

**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] 3/2/07 772-324-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Anthony J. Weisbecker

ATTACHMENT
NOTICE OF REVOCATION OF
ELECTION TO BE EXEMPT

*mailed out
8/10/05*

STATE USE ONLY

Effective/Issue Date:

Control Number:

Postmark Date:

Received Date:

PLEASE TYPE OR PRINT

I hereby revoke the exemption I currently have as a (check only one box in this section):

CONSTRUCTION INDUSTRY

☒ Corporate Officer (your corporate title: Vice president)

☐ Member of Limited Liability Company **-OR-**

NON-CONSTRUCTION INDUSTRY

☐ Corporate Officer (your corporate title: _____)

THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE PERSON SIGNING THE REVOCATION AND ONLY TO THE CORPORATION/LLC THAT IS LISTED IN THE FOLLOWING SECTION:

Corporation or LLC Name:

1st Choice Service Windows & Doors Inc.

Business Mailing Address:

4306 N.E. Hyline Drive

City:

Johns River

State:

FL

Zip:

34957

County:

Martin

Phone No.:

772/334-9434

FEIN:

650939404

Corporate registration number:

299000069176

Scope of Business or Trade of Applicant Listed on Notice of Election to be Exempt:

1. glazing 2. _____ 3. _____ 4. _____

You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business.

Carrier Name: _____

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON FILING A NOTICE OF REVOCATION, IF YOU ARE AN OFFICER WHO IS A SUBCONTRACTOR OR AN OFFICER OF A CORPORATE SUBCONTRACTOR, YOU MUST NOTIFY YOUR CONTRACTOR THAT YOU HAVE REVOKED YOUR EXEMPTION.

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON REVOCATION OF A CERTIFICATE OF ELECTION OF EXEMPTION BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE WORKERS' COMPENSATION CARRIER(S) IDENTIFIED IN THE REQUEST FOR EXEMPTION.

Linda J. Weisbecker
TYPE/PRINT NAME OF EXEMPTION HOLDER

[Signature]
SIGNATURE OF EXEMPTION HOLDER

243-37-7384
SOCIAL SECURITY NUMBER

7/29/05
DATE SIGNED

Workers' Compensation Information Online - <http://www.fldfs.com/WC/>