

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000082604 1. Entity Name WE DO WINDOWS & HOME REPAIR SERVICES, INC.	
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Principal Place of Business 117 E LEE RD DELRAY BEACH, FL 33445	Mailing Address 117 E LEE RD DELRAY BEACH, FL 33445
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**DO NOT WRITE IN THIS SPACE**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0959174	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  ORFINGER, DAVID T 117 E LEE RD DELRAY BEACH, FL 33445	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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		<p>U00000294030 04/08/05-80052-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORFINGER, DAVID 117 E LEE RD DELRAY BEACH, FL 33445	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>DAVID T. ORFINGER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-5-05</b> (954) 695-2522 <small>Daytime Phone #</small>
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