
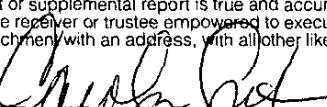


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90014 022 ***150.00

DOCUMENT # P99000090900							
1. Entity Name TMC WINDOW AND DOORS, INC.							
Principal Place of Business # 3370 S.W. HICKORY PL. PALM CITY FL 34990			Mailing Address 3370 S.W. HICKORY PL. PALM CITY FL 34990				
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 65-0957705			
				Applied For Not Applicable			
6. Name and Address of Current Registered Agent SNOWDEN, CAROLYN 3370 S.W. HICKORY PL. PALM CITY FL 34990				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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 _____							
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	HAMSHAR, TERENCE	3370 S.W. HICKORY PL.	PALM CITY FL 34990				
	VS	SNOWDEN, CAROLYN	3370 S.W. HICKORY PL.				
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:  7/14/04							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

01000003



MOORE CR2E034 (4/04)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL Zip Code

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #