

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90423 037 \*\*\*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**



04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0957705**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**SNOWDEN, CAROLYN  
 3370 S.W. HICKORY PL.  
 PALM CITY, FL 34990**

Name *Terence J. Hamshar*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3370 S.W. Hickory Pl.*  
 City *Palm City* **FL** Zip Code *34990*

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**  Delete  
 NAME **HAMSHAR, TERENCE**  
 STREET ADDRESS **3370 S.W. HICKORY PL.**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **VS**  Delete  
 NAME **SNOWDEN, CAROLYN**  
 STREET ADDRESS **3370 S.W. HICKORY PL.**  
 CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **VP**  Delete  
 NAME **STEVE, HOWARD**  
 STREET ADDRESS **6404 CHASEWOOD DRIVE**  
 CITY-ST-ZIP **JUPITER, FL 33458**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/06*

*772-201-9079*