

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V11743

1. Corporation Name

C T WINDOWS, INC.

Principal Place of Business

10705 ROCKET BLVD.  
SUITE 101  
ORLANDO FL 32824  
US

Mailing Address

4543 LAKE CALABAY DR.  
ORLANDO FL 32837  
US

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90130 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1992

4. FEI Number

65-0335105

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 14507 VELLEUX DR

27 Suite, Apt. #, etc.

28 ORLANDO, FL

29 Zip 30 Country  
32837 U.S.A

9. Name and Address of Current Registered Agent

TARNESA, SUNIL  
10705 ROCKET BLVD.  
SUITE 101  
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name  
TARNEJA, SUNIL

82 Street Address (P.O. Box Number is Not Acceptable)

10705 ROCKET BLVD.

83 SUITE 101

84 City  
ORLANDO

FL

85 Zip Code

32824

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sunil Tarneja

VicePres

1/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TARNEJA, CHAND  
STREET ADDRESS 900 BROCK RD S  
CITY-ST-ZIP PICKERING ON

TITLE VPD ☐ DELETE

NAME TARNEJA, SUNIL  
STREET ADDRESS 4543 LAKE CALABAY DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME TARNEJA, VIMLA  
STREET ADDRESS 900 BROCK RD S  
CITY-ST-ZIP PICKERING ON

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPD

TARNEJA, SUNIL

14507 VELLEUX DRIVE

ORLANDO, FL 32837

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sunil Tarneja

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

407-857-9237

Daytime Phone #

CR2E034 (11/98)