

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000070

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: POZZI WINDOW COMPANY

## Current Principal Place of Business:

401 HARBOR ISLES BLVD  
KLAMATH FALLS, OR 97601

## New Principal Place of Business:

## Current Mailing Address:

401 HARBOR ISLES BLVD  
KLAMATH FALLS, OR 97601

## New Mailing Address:

FEI Number: 93-0710344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T (X) Delete  
Name: HOGGARTH, K E T  
Address: 401 HARBOR ISLES BLVD.  
City-St-Zip: KLAMATH FALLS, OR 97601 US

Title: P,D ( ) Delete  
Name: WENDT, R C P,D  
Address: 3250 LAKEPORT BLVD  
City-St-Zip: KLAMATH FALLS, OR 97601

Title: T (X) Delete  
Name: HOGGARTH, K E T  
Address: 401 HARBOR ISLES BLVD.  
City-St-Zip: KLAMATH FALLS, OR 97601 US

Title: T (X) Delete  
Name: HOGGARTH, K E T  
Address: 401 HARBOR ISLES BLVD.  
City-St-Zip: KLAMATH FALLS, OR 97601

Title: EVPD (X) Delete  
Name: KINTZINGER, D P EVPD  
Address: 3250 LAKEPORT BLVD  
City-St-Zip: KLAMATH FALLS, OR 97601

Title: S (X) Delete  
Name: PORTER, S S  
Address: 3250 LAKEPORT BLVD  
City-St-Zip: KLAMATH FALLS, OR 97601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R C WENDT

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date