

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H85977

**Entity Name:** WINDOW DOCTOR, INCORPORATED

**Current Principal Place of Business:**

1133 OLD DIXIE HWY.,#7  
LAKE PARK, FL 33403-2329

**Current Mailing Address:**

1133 OLD DIXIE HWY.,#7  
LAKE PARK, FL 33403-2329

**FEI Number:** 59-2597762

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JABLONSKI, JOANNE  
1133 OLD DIXIE HIGHWAY,  
UNIT 7  
LAKE PARK, FL 33403 US

*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

**Officer/Director Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | PD                             | Title           | 2VP                            |
| Name            | JABLONSKI, JOANNE              | Name            | JABLONSKI, WILLIAM J           |
| Address         | 1133 OLD DIXIE HIGHWAY, UNIT 7 | Address         | 1133 OLD DIXIE HIGHWAY, UNIT 7 |
| City-State-Zip: | LAKE PARK FL 33403             | City-State-Zip: | LAKE PARK FL 33403             |

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOANNE JABLONSKI

**OWNER/PRES**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date