

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000000547

**Entity Name:** PERFECT FIT WINDOW FASHIONS & DESIGN, INC.

**Current Principal Place of Business:**

10021 ESTERO TOWN COMMONS PLACE  
B-101  
ESTERO, FL 33928

**Current Mailing Address:**

10021 ESTERO TOWN COMMONS PLACE  
B-101  
ESTERO, FL 33928 US

**FEI Number:** 65-0979067

**Certificate of Status Desired:** No

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

SHORTRIDGE, LYNN W  
9348 RIVER OTTER DRIVE  
FORT MYERS, FL 33912 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 PSTD  
Name SHORTRIDGE, LYNN W  
Address 9348 RIVER OTTER DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title VD  
Name MEMOLI, KATHLEEN  
Address 9348 RIVER OTTER DRIVE  
City-State-Zip: FORT MYERS FL 33912

*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:** LYNN SHORTRIDGE

**PRESIDENT**

**04/22/2024**

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

\_\_\_\_\_  
Date