

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000103158

**Entity Name:** WINDOW WORLD OF MELBOURNE, INC.

**Current Principal Place of Business:**

2298 ROCKLEDGE BLVD  
STE 130  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

2298 ROCKLEDGE BLVD  
STE 130  
ROCKLEDGE, FL 32955

**FEI Number:** 76-0834987

**Certificate of Status Desired:** No

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

WILCOX, LAURIE R  
4968 WEXFORD DR  
ROCKLEDGE, FL 32955 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           | D                  | Title           | D                  |
| Name            | WILCOX, LAURIE R   | Name            | WILCOX, MICHAEL E  |
| Address         | 4968 WEXFORD DR    | Address         | 4968 WEXFORD DR    |
| City-State-Zip: | ROCKLEDGE FL 32955 | City-State-Zip: | ROCKLEDGE FL 32955 |

*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:** LAURIE WILCOX

**REGISTERED AGENT**

**01/11/2018**

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

\_\_\_\_\_  
Date