

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000005417

**Entity Name:** LOEWEN WINDOW CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

2180 SATELLITE BLVD  
SUITE 400  
DULUTH, GA 30097

**Current Mailing Address:**

2180 SATELLITE BLVD  
SUITE 400  
DULUTH, GA 30097

**FEI Number: 26-1549406**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           TREASURER  
Name           KOOP, RONNIE S  
Address        2180 SATELLITE BLVD  
                  SUITE 400  
City-State-Zip: DULUTH GA 30097

Title           PRESIDENT  
Name           BABIUK, AL  
Address        2180 SATELLITE BLVD  
                  SUITE 400  
City-State-Zip: DULUTH GA 30097

Title           SECRETARY  
Name           COLE, JOHN  
Address        2180 SATELLITE BLVD  
                  SUITE 400  
City-State-Zip: DULUTH GA 30097

*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: JOHN COLE**

**SECRETARY**

**01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date