


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 182054 1. Entity Name FLORIDA MADE DOOR CO.	
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Principal Place of Business 13700 VIRGINIA AVENUE ASTATULA, FL 34705-0128 US	Mailing Address P O BOX 128 ASTATULA, FL 34705-0128 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0737960	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

EGER, FRANK L JR
 13700 VIRGINIA AVENUE
 ASTATULA, FL 34705

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGER, FRANK L JR 13700 VIRGINIA AVE. ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARSHBARGER, PAUL 13700 VIRGINIA AVENUE ASTAULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, BOB 13700 VIRGINIA AVENUE ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUBIN, ARNOLD 1 N. DALE MABRY HWY. #950 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, ROSE 1 N. DALE MABRY HWY. #950 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HEWLETT, TREVOR 1 N. DALE MABRY HWY. #950 TAMPA, FL 33609

100000223850
 02/10/05-80059-020 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 3527421000
 Date Daytime Phone #