

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124103

FILED  
Feb 27, 2006  
Secretary of State

Entity Name: DOOR INSTALLATION SPECIALISTS CORPORATION

**Current Principal Place of Business:**

ONE NORTH DALE MABRY HWY., STE. 950  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

ONE NORTH DALE MABRY HWY., STE. 950  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-1562354      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MURPHY, ROSE M  
ONE NORTH DALE MABRY HWY., STE. 950  
TAMPA, FL 33609      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D V      ( ) Delete  
Name: MACISAAC, STEVE  
Address: ONE NORTH DALE MABRY HWY., STE. 950  
City-St-Zip: TAMPA, FL 33609

Title: D V      ( ) Delete  
Name: MORRISON, JAMES U  
Address: ONE NORTH DALE MABRY HWY., STE. 950  
City-St-Zip: TAMPA, FL 33609

Title: D P      ( ) Delete  
Name: REPAR, LAWRENCE  
Address: ONE NORTH DALE MABRY HWY., STE. 950  
City-St-Zip: TAMPA, FL 33609

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS      ( ) Change (X) Addition  
Name: HEWLETT, TREVOR A  
Address: 1 N. DALE MABRY HWY, #950  
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TREVOR HEWLETT

AS

02/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date