


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000095324**  
 1. Entity Name  
 2 DOORS DOWN INC



Principal Place of Business  
 955 S EDGEWOOD AVE  
 JACKSONVILLE, FL 32205

Mailing Address  
 955 S EDGEWOOD AVE  
 JACKSONVILLE, FL 32205

**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 82-0561981

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 JONES, GREGORY S  
 198 DEVOE STREET  
 JACKSONVILLE, FL 32220

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MARTIN, CHARLES W
STREET ADDRESS	918 MELBA ST.
CITY-ST-ZIP	JAX, FL 32205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000476300  
 04/06/06-80004-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gregory S Jones 1-26-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #