2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006
Secretary of State

DOCUMENT# 182054

Entity Name: FLORIDA MADE DOOR CO.

Current Principal Place of Business:

13700 VIRGINIA AVENUE
ASTATULA, FL 347050128 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 128
ASTATULA, FL 347050128 US

New Mailing Address:

FEI Number: 59-0737960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EGER, FRANK L JR
13700 VIRGINIA AVENUE
ASTATULA, FL 34705 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:	P	( ) Delete
Name:	EGER, FRANK L JR	
Address:	13700 VIRGINIA AVE.	
City-St-Zip:	ASTATULA, FL 34705	
Title:	V	( ) Delete
Name:	HARSHBARGER, PAUL	
Address:	13700 VIRGINIA AVENUE	
City-St-Zip:	ASTAULA, FL 34705	
Title:	V	( ) Delete
Name:	BROWN, BOB	
Address:	13700 VIRGINA AVENUE	
City-St-Zip:	ASTATULA, FL 34705	
Title:	T	( ) Delete
Name:	RUBIN, ARNOLD	
Address:	1 N. DALE MABRY HWY. #950	
City-St-Zip:	TAMPA, FL 33609	
Title:	S	( ) Delete
Name:	MURPHY, ROSE	
Address:	1 N. DALE MABRY HWY.#950	
City-St-Zip:	TAMPA, FL 33609	
Title:	AS	( ) Delete
Name:	HEWLETT, TREVOR	
Address:	1 N. DALE MABRY HWY. #950	
City-St-Zip:	TAMPA, FL 33609	

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:	T	(X) Change ( ) Addition
Name:	TUBBESING, ROBERT	
Address:	1 N. DALE MABRY HWY. #950	
City-St-Zip:	TAMPA, FL 33609	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 07/07/2006

Electronic Signature of Signing Officer or Director — Date