

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 182054

Entity Name: FLORIDA MADE DOOR CO.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

13700 VIRGINIA AVENUE
ASTATULA, FL 347050128 US

New Principal Place of Business:

ONE NORTH DALE MABRY HWY
SUITE 950
TAMPA, FL 33609 US

Current Mailing Address:

ONE NORTH DALE MABRY HWY
SUITE 950
TAMPA, FL 33609 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LYNCH, FREDERICK J
Address: 1 NORTH DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609 US

Title: V () Delete
Name: REPAR, LAWRENCE
Address: 1 NORTH DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609 US

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

Title: VP () Delete
Name: MURPHY, ROSE M
Address: 1 N DALE MABRY HWY #950
City-St-Zip: TAMPA, FL 33609 US

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

I hereby certify that the information supplied with this filing does not qualify 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

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date