2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 234524

1. Entity Name
CRAWFORD DOOR SALES OF BROWARD, INC.

Principal Place of Business	Mailing Address
5740 RODMAN W HOLLYWOOD, FL 33023-1938	5740 RODMAN W HOLLYWOOD, FL 33023-1938

DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0882499
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS L SCHOMMER
5740 RODMAN STREET
HOLLYWOOD, FL 33023

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SCHOMMER,G R
STREET ADDRESS	5861 S.W. 36 TERR.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	VD
NAME	SCHOMMER,J
STREET ADDRESS	5861 S.W. 36 TERR.
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	SD
NAME	QUINTANA,S
STREET ADDRESS	5629 PIERCE ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	TD
NAME	SCHOMMER,T
STREET ADDRESS	5740 RODMAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80065-024 150.00

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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)(i), 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: Susan Quintana Coyne 3/10/05 954-987-7222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUSAN QUINTANA COYNE