## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 465462**

Entity Name: DELTA DOOR SYSTEMS, INC

FILED Jul 02, 2008 Secretary of State

Littly Na	ille. DELIAT	DOOR STSTEING, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE D	ORSYTH RD		2555 N FORSYTH RE SUITE C		
ORLANDO	D, FL 32807	US	ORLANDO, FL 32807	7 US	
Current M	lailing Addre	ess:	New Mailing Addres	New Mailing Address:	
	RSYTH RD		2555 N FORSYTH RE		
SUITE D ORLAND(	D, FL 32807	US	SUITE C ORLANDO, FL 32807	7 US	
FEI Number	: 59-1563512	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
5531 RED	JS, LLOYD J BONE LN. D, FL 32810	US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( LITKENHUS, I 5531 RED BO ORLANDO, FI	NE LN.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DRIGGERS, L 269 WOODEL	) Delete ORI L D CROSSING CIRCLE STINE, FL 32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ( LITKENHUS, N 2000 SUE HAI ORLANDO, FL	RBOR LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: LORI DRIGGERS VP 07/02/2008