


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 489740
1. Entity Name
COMMERCIAL REFRIGERATOR DOOR COMPANY, INC.



Principal Place of Business 6200 PORTER RD SARASOTA, FL 34240	Mailing Address 6200 PORTER RD SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1631831	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINSLER, JEFFREY
6200 PORTER ROAD
SARASOTA, FL 34240

**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 _____ 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, 2004 Fee will be \$550.00


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

U00000087367
03/15/04-80009-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINSLER, ROBERT J 6200 PORTER ROAD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINSLER, JEFFREY 6200 PORTER RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WINSLER, LINDA 6200 PORTER ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENEDETTI, DAVID J 6200 PORTER RD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **3.4.2004** **941-371-8110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

David J. Benedetti