2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 581265

Entity Name: FLORIDA DOOR CONTROL OF ORLANDO INC.

Current Principal Place of Business:

658-2 WASHBURN RD.
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

658-2 WASHBURN RD.
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 59-1842902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARPOLD, ROBERT M.
537 ACACIA AVENUE
MELBOURNE VILLAGE, FL 32904 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: STD ( ) Delete
Name: HARPOLD, KELLY J
Address: 728 SAMUEL CHASE LANE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: PD ( ) Delete
Name: HARPOLD, ROBERT M.
Address: 537 ACACIA AVENUE
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: VPD ( ) Delete
Name: HARPOLD, GLENN S.
Address: 728 SAMUEL CHASE LN
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: HARPOLD, KELLY J
Address: 4160 LAKEGLEN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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

Title: VPD (X) Change ( ) Addition
Name: HARPOLD, GLENN S.
Address: 4160 LAKEGLEN DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: ROBERT M. HARPOLD PRES 01/09/2009

Electronic Signature of Signing Officer or Director Date