
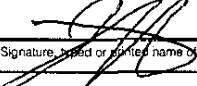



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90005 040 ***150.00

DOCUMENT # F01000001511 1. Entity Name STANTON DOOR COMPANY					
Principal Place of Business 54 ALBE DR, OLD BALTIMORE PIKE INDUS. PK NEWARK, DE 19702			Mailing Address 54 ALBE DR, OLD BALTIMORE PIKE INDUS. PK NEWARK, DE 19702		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 12801 COMMONWEALTH DRIVE Suite, Apt. #, etc. UNIT 7 City & State FT. MYERS, FL Zip 33913 Country USA			
01072004 Chg-P CR2E034 (10/03)		4. FEI Number 51-0309496			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTHONY, JOHN R 12701 COMMONWEALTH DR., UNIT 1 FT MYERS, FL 33913			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12801 COMMONWEALTH DRIVE UNIT 7 City FT. MYERS FL Zip Code 33913		
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:  JOHN R. ANTHONY DATE: 1-7-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY, JOHN R 111 GRANDVIEW DR. LYNDELL, PA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENRY, ROBERT BOX 48, HOLLOW RD BIRCHRUNVILLE, PA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRAUSE, JOHN 622 GASKILL AVE. MT EPHRAIM, NJ	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  JOHN R. ANTHONY Date: 1/7/04 Daytime Phone #: 302-731-1128 <small>(Signature and typed or printed name of signing officer or director)</small>		