

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 006 ***150.00

DOCUMENT # F02000003556

1. Entity Name

CASTLE DOORS, INC.



Principal Place of Business

37 JESSUP LANE
STONY POINT NY

Mailing Address

P.O. BOX 366
THIELLS NY 10984

140000345



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

595 W. BIANCA CIR

3. Mailing Address

1960 US 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 37

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

00-1275282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZECCOLA, FRANK A
595 WEST BIANCA CIR.
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FRANK A. ZECCOLA

Signature, typed or printed name of registered agent and title if applicable

Frank A. Zeccola

(NOTE: Registered Agent signature required when reinstating)

4/25/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CDPT ☐ Delete
NAME ZECCOLA, ANTHONY
STREET ADDRESS P.O. BOX 366
CITY-ST-ZIP THIELLS NY 10984

TITLE DVS ☐ Delete
NAME ZECCOLA, FRANK
STREET ADDRESS 1097 DORADO DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Frank A. Zeccola

FRANK A. ZECCOLA

4/25/05

904-797-9504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #