


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000002229</b>	
1. Entity Name <b>DOOR REPAIR SERVICES, INC.</b>	

Principal Place of Business <b>273 GLENWOOD DRIVE LAKELAND, FL 33805</b>	Mailing Address <b>273 GLENWOOD DRIVE LAKELAND, FL 33805</b>
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04112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**91-2096713**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KING, CHARLES M 273 GLENWOOD DRIVE LAKELAND, FL 33805</b>
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**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

*[Signature]*  
Signature of registered agent and filer if applicable

*Charles King*  
(NOTE: Registered Agent signature required when reinstating)

*4/14/06*  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, CHARLES M 210 FERNERY RD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS KING, CHARLES M 273 GLENWOOD DRIVE LAKELAND, FL 33805
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05/01/06-80028-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*4/14/06*

Date

Daytime Phone #