

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000002229

1. Entity Name
DOOR REPAIR SERVICES, INC.



Principal Place of Business
**273 GLENWOOD DRIVE
LAKELAND, FL 33805**

Mailing Address
**273 GLENWOOD DRIVE
LAKELAND, FL 33805**



04222008 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

**KING, CHARLES M
273 GLENWOOD DRIVE
LAKELAND, FL 33805**

**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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000931391
05/22/08-80013-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, CHARLES M
STREET ADDRESS	210 FERNERY RD
CITY-STATE-ZIP	LAKELAND, FL 33809
TITLE	T
NAME	KING, CHARLES M
STREET ADDRESS	273 GLENWOOD DRIVE
CITY-STATE-ZIP	LAKELAND, FL 33805
TITLE	VP
NAME	PARZIALE, KATHERINE M
STREET ADDRESS	273 GLENVIEW DR
CITY-STATE-ZIP	LAKELAND, FL 33805
TITLE	D
NAME	BOOTH, RUTH E
STREET ADDRESS	5214 US HWY 98 N
CITY-STATE-ZIP	LAKELAND, FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles King

4/21/08

863-559-0713