2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

ANNUAL REPURI			Secretary of State			
DOCUMENT # F0400000213	3		1	Set	retary of State	
1. Entity Name			A			
ATLANTA DOOR CORPORATION			7			
		9				
1	failing Address					
	P.O. BOX 426 ACWORTH, GA 30101					
MICTON, FC 32363	nenomit, at 50101		1 (4 4 1 4 4	(, 44):4 W.BY WE() FB() FB()	i wang antina dindi mana dilang dikung di kapi	
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DO NOT WRITE IN THIS SPACE			03282005	No Chg-P	CR2E034 (10/03)	
			4. FEI Numb	oer	Applied For	
			58-194	16843	Not Applicable	
			5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Regi	stered Agent					
BAKER DANIEL		}		NOT W	Anny X wife here	
BAKER, DANIEL :			DO NOT WRITE			
MILTON, FL 32583			IN.	THIS SP	ACE	
		1				
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	,		S. J. Land Carel Programme Community	
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	en office of fegist	ered agent, or bo	oth, in the State of Flo	nga. Tam ramiliar with, and accept	
SIGNATURE						
Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	d Agent signalure requir	ed when reinstating)		DAJE	
9. Election Campaign Finar		ncing S	9 \$5.00 May Be			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees	}		
10. OFFICERS AND DIRE	CTORS	j		!		
TITLE C		}				
NAME FRENCH, JIM STREET ADDRESS 820 INDIAN STREAM TRAIL		1				
CITY ST ZIP ROSWELL, GA 30075	•			U000002	284733	
TIFLE P		1		04/02/05-8	284733 10017-004 150.00	
NAME FRENCH, JIMMY		1				
STREET ADDRESS 1759 MILLHOUSE RUN		1				
CITY-ST-ZIP MARIETTA, GA 30066		4				
TITLE S NAME FRENCH, ANN		į.				
STREET ADDRESS 820 INDIAN STREAM TRAIL		ì	- 00	NOT W	DITE	
CITY ST-ZIP ROSWELL, GA 30075	<u> </u>]	DO	NOT W	MILE	
TIFLE		1	IN '	THIS SF	ACE	
NAME		1	F = W			
SIREET ADDRESS CNY - ST - ZIP		Į.				
TILLE		ŧ				
NAME						

12. Thereby 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.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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