

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000006602

1. Entity Name
WINDSOR REPUBLIC DOOR, INC.



Principal Place of Business
5800 SCOTT HAMILTON DR
LITTLEROCK, AR 72209

Mailing Address
5800 SCOTT HAMILTON DR
LITTLEROCK, AR 72209



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
75-3130734

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000597546
01/24/07-80037-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIEMER, A.B.
STREET ADDRESS	150 E. CAMPUS VIEW BLVD STE. 250
CITY- ST- ZIP	COLUMBUS, OH 43235
TITLE	STCF
NAME	BAILEY, ROGER
STREET ADDRESS	150 E CAMPUS VIEW BLVD STE. 250
CITY- ST- ZIP	COLUMBUS, OH 43235
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- 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: Roger Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

501-570-9311

Daytime Phone #