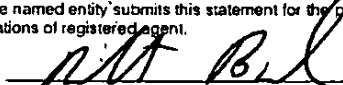
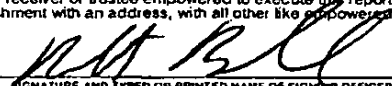


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-29-2005 90011 017 ***150.00

DOCUMENT # F08127 1. Entity Name QUALITY DOOR COMPANY, INC.					
Principal Place of Business 23245 HARBORVIEW ROAD CHARLOTTE HARBOR FL 33980			Mailing Address 23245 HARBORVIEW ROAD CHARLOTTE HARBOR FL 33980		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2050619 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/04)	
6. Name and Address of Current Registered Agent BERNHARD, R.O. 854 ELLICOTT CIR. 1436 GARDENSIDE DR PORT CHARLOTTE FL 33952 NORTH PORT, FL 34288			7. Name and Address of New Registered Agent Name ROBERT O. BERNHARD 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  DATE Signature, typed or printed name of registered agent and line 11 applicable (NOTE: Registered Agent signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BERNHARD, ROBERT O 1436 GARDENSIDE DR PORT CHARLOTTE FL 34288 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby 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.					
SIGNATURE:  7/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

106020323

Aug 17, 2005

F08127

Division of Corporations,

Reference Number: F08127

We are requesting that the \$400.00
late fee be waived. We also didn't
receive the 1st notice of the annual
report.

Thank-you
Quality Door