2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED - Jul 13, 2005 08:00 AM DOCUMENT # H09095 **Secretary of State** FLORIDA DOOR & SUPPLY, INC. Principal Place of Business Mailing Address 2411 BELLEVUE AVENUE **2411 BELLEVUE AVENUE** DAYTONA BEACH, FL 32114-5615 US DAYTONA BEACH, FL 32114-5615 US CR2E034 (10/03) 07082005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2437084 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATERNITI, MARK STEPHEN DO NOT WRITE 5824 ANTIGUA DR PORT ORANGE, FL 32127 IN THIS SPACE 3. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME PATERNITI, MARK STEPHEN 5824 ANTIGUA DR STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 U00000372555 U//13/05-8UUO6-UU3 55D.UU TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplindicated on this report or supplementar of the corporation or the receiver or dust changed, or on an attachment with an or the supplementary with an or the supplementary or the supplementary with an or the supplementary with a s ity of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under path; that I am an officer or director eport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

US

Daytime Phone #