



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # H79162				Secretary of State	
1. Entity Name LAKE DOOR AND TRIM, INC.					
Principal Place of Business 1589 PINEGROVE ROAD ELSTIS, FL 32726 US		Mailing Address P.O. BOX 1254 PO BOX 1254 TAVARES, FL 32778 US			
DO NOT WRITE IN THIS SPACE					
				03182008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE				4. FEI Number 59-2579876	
				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, BOBBY R. 504 BANNING BCH ROAD TAVARES, FL 32778				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				DATE 04/07/08-80018-010 150.00	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD GREEN, BOBBY R. 504 BANNING BCH RD TAVARES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GREEN, KAREN A. 504 BANNING BCH RD TAVARES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D ALLISON, DONALD C. 1608 LOVES POINT DRIVE LEESBURG, FL 34748			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: <u>Bobby R. Green</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03-18-08 352-589-5566 <small>Date Daytime Phone #</small>	