

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90041 028 \*\*\*150.00

**DOCUMENT # K21317**

1. Entity Name

A-AACTION DOOR CO. OF CENTRAL FLORIDA



Principal Place of Business

% ORLAND HICKS  
2650 SAND LAKE ROAD  
LONGWOOD FL 32779

Mailing Address

% ORLAND HICKS  
2650 SAND LAKE ROAD  
LONGWOOD FL 32779

2. Principal Place of Business

2650 SAND LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

2650 SAND LAKE RD

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LONGWOOD, FLORIDA

City & State

LONGWOOD, FLORIDA

4. FEI Number

59-2888537

Applied For

Not Applicable

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HICKS, ORLAND  
2650 SAND LAKE ROAD  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

*Isabelle Hicks*

Signature, typed or printed name of registered agent, and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-15-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

TITLE VD ☐ Delete  
NAME HICKS, ORLAND  
STREET ADDRESS 2650 SAND LAKE RD  
CITY-ST-ZIP LONGWOOD FL

TITLE PST ☐ Delete  
NAME HICKS, ISABELLE  
STREET ADDRESS 2650 SAND LAKE RD  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ Delete  
NAME HICKS, ISABELLE  
STREET ADDRESS 2650 SAND LAKE RD  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Isabelle Hicks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-04

Date

407-788-7184

Daytime Phone #