

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21317

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: A-AACTION DOOR CO. OF CENTRAL FLORIDA

## Current Principal Place of Business:

2650 SAND LAKE ROAD  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

2650 SAND LAKE ROAD  
2650 SAND LAKE ROAD  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 59-2888537      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HICKS, ORLAND  
2650 SAND LAKE ROAD  
LONGWOOD, FL 32779      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: HICKS, ORLAND,  
Address: 2650 SAND LAKE RD  
City-St-Zip: LONGWOOD, FL

Title: PST ( ) Delete  
Name: HICKS, ISABELLE,  
Address: 2650 SAND LAKE RD  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: HICKS, ISABELLE,  
Address: 2650 SAND LAKE RD  
City-St-Zip: LONGWOOD, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: HICKS, ORLAND,  
Address: 2650 SAND LAKE RD  
City-St-Zip: LONGWOOD, FL

Title: PT (X) Change ( ) Addition  
Name: HICKS, ISABELLE,  
Address: 2650 SAND LAKE RD  
City-St-Zip: LONGWOOD, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: HICKS, CHARLES R  
Address: 2650 SANDLAKE RD  
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLE HICKS

PT

03/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date