

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K82409

1. Entity Name
ARCHITECTURAL DOOR & GLASS INC.



Principal Place of Business
8036 PHILLIPS HWY
SUITE 1
JACKSONVILLE, FL 32256

Mailing Address
8036 PHILLIPS HWY
SUITE 1
JACKSONVILLE, FL 32256

**FILED
Feb 23, 2004 8:00 am
Secretary of State**

02-23-2004 90025 009 ***150.00

44011732



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2957540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYDEN, LEO M.
8036 PHILLIPS HWY.
SUITE 1
JACKSONVILLE, FL 32256

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPS
NAME HAYDEN, LEO M.
STREET ADDRESS 8036 PHILLIPS HWY, #1
CITY-ST-ZIP JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Leo M. Hayden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO M. HAYDEN

1-14-2004 904/731-9464

Date

Daytime Phone #