2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94109

City-St-Zip:

LAKELAND, FL 33809

Entity Name: A-24 HOUR DOOR SERVICE, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	WOOD DRIVE D, FL 33805				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	WOOD DRIVE D, FL 33805				
FEI Number	: 65-0121915	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	WOOD DRIVE	US			
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[KING, CHARLES 210 FERNERY R LAKELAND, FL	OAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () [PARZIALE, KATH 273 GLENWOOD LAKELAND, FL	D DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () [BOOTH, RUTH E 5214 US HWY 98		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: KATHERINE PARZIALE VP 03/24/2009