

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058644

Entity Name: DOOR CLASSICS, LLC

FILED
Jan 12, 2006
Secretary of State

Current Principal Place of Business:

1503 WEST 27TH STREET
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

1503 WEST 27TH STREET
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 55-0877996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAM, JEFFREY S
919 MISSISSIPPI AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

CAIN, JEFFREY S
919 MISSISSIPPI AVE.
LYNN HAVEN, FL 32444 US

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: JEFFREY S. CAIN

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAIN, JEFFREY S
Address: 919 MISSISSIPPI AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: SMITH, NORMAN A
Address: 1118 MISSOURI AVE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: SMITH, NORMAN A III
Address: 1003 E. 8TH STREET
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY S. CAIN

MR.

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date