2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L04000058644

Entity Name: DOOR CLASSICS, LLC

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:

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

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: MGRM (X) Change ( ) Addition
Name: SMITH, NORMAN A III
Address: 913 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

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 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 MGRM 01/26/2009

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