

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90436 038 ***150.00

DOCUMENT # P00000045877 1. Entity Name FLORIDA DOORMASTERS, INC.					
Principal Place of Business P.O. BOX 868 LAKE CITY, FL 32056			Mailing Address P.O. BOX 868 LAKE CITY, FL 32056		
2. Principal Place of Business 163 SW MIDTOWN PL Suite, Apt. #, etc. SUITE 103		3. Mailing Address POB 453 Suite, Apt. #, etc.			
City & State LAKE CITY, FL		City & State LAKE CITY, FL		4. FEI Number 59-3655040	
Zip 32025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DISOSWAY, MARK D III CORNER OF BELMONT & LITTLE ROAD LAKE CITY, FL 32024			7. Name and Address of New Registered Agent Name MICHAEL P. SHAHEEN Street Address (P.O. Box Number is Not Acceptable) 2405 SW LITTLE RD POB 453 City LAKE CITY FL Zip Code 32024		
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 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISOSWAY, MARK D III CORNER OF BELMONT & LITTLE RD LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	SHAHEEN, MICHAEL P POB 453 (2405 SW LITTLE RD) LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAHEEN, MICHAEL P RT 9 BOX 894 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISOSWAY, DAVID M RT 9 BOX 894 LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or other like empowered.					
SIGNATURE:			4-30-04 386-754-1486 <small>Date Daytime Phone #</small>		