

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000092571 1. Entity Name SOUTHERN DOOR TECHNOLOGIES, INC.			
Principal Place of Business P O BOX 716 LAKE BUTLER, FL 32054-0716		Mailing Address P O BOX 716 LAKE BUTLER, FL 32054-0716	
DO NOT WRITE IN THIS SPACE			
		 06212004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3665984		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOCK, EZRA E RT 4, BOX 2554 LAKE BUTLER, FL 32054-0716		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT MOCK, EZRA E RT 4 BOX 2554 LAKE BUTLER, FL 32054		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MOCK, EZRA RT 4 BOX 2555 LAKE BUTLER, FL 32054		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOCK, MELISSA RT 4 BOX 2554 LAKE BUTLER, FL 32054		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		Date: 6/30/04 (386) Daytime Phone #: 476-3844	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			