


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 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		
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 re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>EZRA E mock</u> <u>4/27/06</u> <u>386</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3665984	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$8.75 Additional Fee Required	

U000000557060
05/17/06-80036-006 158.75

**DO NOT WRITE
IN THIS SPACE**