2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097464

BRASWELL, JAMES T

SEBRING, FL 33870

3709 KING DRIVE

Name:

Address:

City-St-Zip:

FILED Mar 19, 2004 Secretary of State

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Entity Nan	ie: ADVAI	NCED DOOR CONCEPT:	S, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
624 MAPLE SEBRING,							
Current Mailing Address:				New Mailing Address:			
624 MAPLE SEBRING,							
FEI Number:	65-1144579	FEI Number Applied Fo	r() FEI Nu	mber Not App	icable()	Certificate of Status Desired	(X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRASWELL, JOHN A 739 GLENWOOD AVE SEBRING, FL 33870				HRADSKY-WALKER, DIANE P 624 MAPLE AVENUE SEBRING, FL 33870			
The above in the State		ty submits this statement	for the purpose	of changing i	ts registered	office or registered agent, o	r both,
SIGNATURE: DIANE P. HRADSKY-WALKER				03/19/2004			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financ	cing Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D BRASWELL 1124 NW LA SEBRING, F	KEVIEW DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D HRADSKY-V 6309 JASMI SEBRING, F			Title: Name: Address: City-St-Zip:	PRES (X HRADSKY-WA 6309 JASMINE SEBRING, FL	E COURT	
Title [.]	D	(X) Delete		Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DINAE P. HRADSKY-WALKER PRES 03/19/2004