




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 09, 2006 8:00 am
Secretary of State

02-07-2006 90027 041 ***150.00

DOCUMENT # P02000029429			
1. Entity Name DOORS GALORE CO.			
Principal Place of Business 1920 NORTHGATE BLVD A-8 SARASOTA, FL 34234		Mailing Address 4251 N WASHINGTON BLVD UNIT C1 SARASOTA, FL 34234	
2. Principal Place of Business		3. Mailing Address 1920 NORTHGATE BLVD	
Suits, Apt. #, etc. A-8		Suits, Apt. #, etc. A-8	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34234	Country USA	Zip 34234	Country USA
4. FEI Number 02-0580305		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 MCCULLOCH, GARRY 4251 N WASHINGTON BLVD UNIT C1 SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name SAMIE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 1-30-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	PO MCCULLOCH, GARRY 1820 NORTHGATE BLVD., A-8 SARASOTA, FL 34234 <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
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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: 		DATE 1-30-06	



ATTACHMENT

66004288

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

DOORS GALORE CO.
1920 NORTHGATE BLVD
A-8
SARASOTA, FL 34234

Subject: **DOORS GALORE CO.**

Reference Number: **P02000029429**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION