


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000048078

1. Entity Name
J & E DOORS, INC.



Principal Place of Business
1605 N HIGHLANDS AVE
SEBRING, FL 33870

Mailing Address
1605 N HIGHLANDS AVE
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0594795

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANDERS, EDWARD A
6533 MATTEE DR
SEBRING, FL 33875

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANDERS, EDWARD A 6533 MATTEE DR SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MERCER, MITCHELL E 1605 N. HIGHLANDS AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000235028
 02/18/05-80043-021 158.75

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)(f), 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 live employees.

SIGNATURE: Edward A. Sanders **EDWARD A. SANDERS** 2/15/05 863 386-1974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #