


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 040 ***155.00

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



2. Principal Place of Business
1605 MARTIN LUTHER KING JR. BLVD Sebring

3. Mailing Address
Florida

1st MOORE CR2E034 (10/05)

4. FEI Number **02-0594795**

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

Zip **33870** Country **USA** Zip **3870** Country **Highlands**

6. Name and Address of Current Registered Agent
**SANDERS, EDWARD A
 6533 MATTEE DR
 SEBRING FL 33875**

7. Name and Address of New Registered Agent
**Mitchell E. Mercer
 268 Dunlin Ave
 Sebring, Fl. 33872**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 | DP SANDERS, EDWARD A 6533 MATTEE DR SEBRING FL 33875 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP Mitchell E. Mercer 268 Dunlin Ave Sebring, Fl. 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MERCER, MITCHELL E 1605 N. HIGHLANDS AVE SEBRING FL 33870 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST Mark Mathew Mendez 7801 Pine Glen Road Sebring, Fl. 33876 <input checked="" 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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| 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 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mitchell E. Mercer **Mitchell E. Mercer** **3/10/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #