


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000066732 1. Entity Name CENTRAL FLORIDA DOOR AND TRIM/MILLWORK COMPANY, INC.	
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Principal Place of Business 11800 MIRAMAR PKWY STE 162 MIRIMAR MIRIMAR, FL 33025	Mailing Address PO BOX 693215 NORWOOD, FL 33169
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2554831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS, VICTOR S 10,000 OLIVE ST MIRAMAR, FL 33025
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	400000111950 04/14/04-80003-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEWIS, VICTOR S P.O. BOX 693215 NORWOOD, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEWIS, EILEEN Y P.O. BOX 693215 NORWOOD, FL 33169
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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)(i), 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #