

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 AUG 23 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04292006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-2554831

Applied For  
Not Applicable

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

DOCUMENT # P02000066732

1. Entity Name  
CENTRAL FLORIDA DOOR AND TRIM/MILLWORK  
COMPANY, INC.



Principal Place of Business

11800 MIRAMAR PKWY  
STE 162 MIRIMAR  
MIRIMAR, FL 33025

Mailing Address

PO BOX 693215  
NORWOOD, FL 33169

2. Principal Place of Business

1901 S.W. 101 ave

3. Mailing Address

1901 S.W. 101 ave

Suite, Apt. #, etc.

8th fl

Suite, Apt. #, etc.

8th fl Miramar

City & State

Miramar FL

City & State

FL

Zip

33025

Country

Broward

Zip

33025

Country

Broward

6. Name and Address of Current Registered Agent

LEWIS, VICTOR S  
10,000 OLIVE ST  
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name

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

*Victor S. Lewis* Victor S. Lewis

8-17-06

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when renouncing)

DATE

Amended AR is \$61.25

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 P ☐ Delete  
NAME LEWIS, VICTOR S  
STREET ADDRESS P.O. BOX 693215  
CITY-ST-ZIP NORWOOD, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Eileen Lewis (V.P.) ☐ Delete  
NAME  
STREET ADDRESS 10,000 Olive St  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE Bertha Harris V.P. ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 18826 N.W. 45th Ave  
CITY-ST-ZIP Miami Gardens FL 33055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300079128403  
CITY-ST-ZIP 08/25/06--01032--021 \*\*\*70.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Victor S. Lewis* Victor S. Lewis

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

954-374-0204  
Date 8-17-06 Daytime Phone #

8/23  
cw