2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102776

Name:

Address:

City-St-Zip:

Entity Name: DOOR TECH OF LEE COUNTY INC

FILED Feb 15, 2007 Secretary of State

Entity Nai	me: DOOR LEG	OH OF LEE COUNTY, INC.					
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	1ST AVENUE RAL, FL 33904						
Current Mailing Address:			New Maili	New Mailing Address:			
	1ST AVENUE RAL, FL 33904						
FEI Number	: 56-2300289	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
3610 SE 2	, CHRISTINE R 1ST AVE. RAL, FL 33904	US					
	named entity su e of Florida.	ubmits this statement for the	purpose of changing i	ts registered	office or registered agent, or	both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered A	gent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CDOT ()[TAYLOR, MICHA 3610 SE 21ST A' CAPE CORAL, F	VENUE	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	S ()[KOZINSKI, CHRI 3610 SE 21 ST A CAPE CORAL, F	VE	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VP ()[BARROR, JOHN 401 SE 47TH PL CAPE CORAL, F		Title: Name: Address: City-St-Zip:	VP BARROR, JC 401 SE 47TH CAPE CORAI	PL		
Title:	1()	Delete	Title:	т () Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

HELM, WADE R

819 JOEL BLVD

City-St-Zip: LEHIGH ACRES, FL 33972

SIGNATURE: MICHAEL J TAYLOR CDOT 02/15/2007