2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102776

Entity Name: DOOR TECH OF LEE COUNTY, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3610 SE 21ST AVENUE CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

3610 SE 21ST AVENUE CAPE CORAL, FL 33904

FEI Number: 56-2300289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOZINSKI, CHRISTINE R ALL FLORIDA FIRM, INC 3610 SE 21ST AVE. 813 DELTONA BLVD STE A CAPE CORAL, FL 33904 US BOX 1370771 DELTONA, FL 32725 US

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.

SIGNATURE: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC 01/08/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDOT () Delete Title: (X) Change () Addition TAYLOR, MICHAEL TAYLOR, MICHAEL Name: Name: 3610 SE 21ST AVENUE 3610 SE 21ST AVENUE Address: Address: City-St-Zip:

CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904

Title: Title: () Delete (X) Change () Addition Name: KOZINSKI, CHRISTINE R Name: TAYLOR, CHRISTINE R 3610 SE 21 ST AVE 3610 SE 21 ST AVE Address: Address:

CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

Title: VΡ () Delete Title: (X) Change () Addition BARROR, JOHN J HELM, WADE R Name: Name:

401 SE 47TH PL 817 SANTA BARBARA PL Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: CAPE CORAL, FL 33990

Title: (X) Delete Title: () Change () Addition

HELM, WADE R Name: Address: 819 JOEL BLVD Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Ρ SIGNATURE: CHRISTINA CLARK FOR MICHAEL J TAYLOR 01/08/2009