

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103947

1. Entity Name
BRIAN SENIOR'S DOORS, INC.



Principal Place of Business
2602 E. KLOSTERMAN RD.
TARPON SPRINGS, FL 34689 US

Mailing Address
2602 E. KLOSTERMAN RD.
TARPON SPRINGS, FL 34689 US

FILED
Apr 15, 2004 08:00 AM
Secretary of State



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1847970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SENIOR, BRIAN
2602 KLOSTERMAN RD.
TARPON SPRINGS, FL 34689

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000113867
04/15/04-80026-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENIOR, BRIAN 2602 E. KLOSTERMAN RD. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENIOR, CHRISTINE 2602 E. KLOSTERMAN RD. TARPON SPRINGS, FL 34689
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(f), 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

4/12/04 727 9420176

Date

Daytime Phone #