

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90157 041 \*\*\*150.00

**14002910**



04082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000130498</b> 1. Entity Name <b>DOOR SOLUTIONS, INC.</b>					
Principal Place of Business <b>7111 N. MAIN ST. JACKSONVILLE, FL 32208</b>			Mailing Address <b>C/O SLOTT &amp; BARKER 334 E. DUVAL ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business <b>10330 Chedoak Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Bldg. 300</b>			
City & State <b>Jacksonville, Florida</b>		City & State _____		4. FEI Number <b>22-3888246</b>	
Zip <b>32218</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SLOTT, ARNOLD H 334 E. DUVAL ST. JACKSONVILLE, FL</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BRADBERRY, MICHAEL A 7111 N. MAIN ST. JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT BRADBERRY, VICTOR A 7111 N. MAIN ST. JACKSONVILLE, FL 32208</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10330 Chedoak Dr., Bldg. 300 Jacksonville, FL 32218</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>Michael A. Bradberry</b> <span style="float: right;">4/14/05 904-765-5669</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					