

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90034 032 ***150.00

DOCUMENT # P03000000085

1. Entity Name
DOOR HARDWARE INSTALLER, INC.



Principal Place of Business
**316 NE 56TH TERRACE
CAPE CORAL, FL 33904**

Mailing Address
**PO BOX 150367
CAPE CORAL, FL 33915**

44041507



2. Principal Place of Business

6110 Spanish Oaks Ln PO Box 111077

3. Mailing Address

PO Box 111077

01122004

Chg-P

CR2E034 (10/03)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

32-0048271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, STACIE
316 NE 26TH TERRACE
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **Douglas Sprague**
Street Address (P.O. Box Number is Not Acceptable) **6110 Spanish Oaks Lane**
City **Naples** FL Zip Code **34119**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/04

**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**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SPRAGUE, DOUGLAS E**
STREET ADDRESS **6110 SPANISH OAKS LANE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **VPD** ☐ Delete
NAME **SPRAGUE, DONNA L**
STREET ADDRESS **6110 SPANISH OAKS LANE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 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.

SIGNATURE:

[Signature]

DOUGLAS E. SPRAGUE

4/12/04

235-825-2632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #