## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 20, 2000 08:00 A		
DOCUMENT # P03000055062					Secr	etary of State
1. Entity Name SHOWER DOOR AND GLASS DEPOT INC				) [		
		one de la companya d La companya de la co		`} 		
Principal Plac	e of Business	Mailing Address	- <del></del>	-		
2632 W STA LONGWOOD,	TE ROAD 434 FL 32779	2632 W STATE ROAD 434 LONGWOOD, FL 32779		}		
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DO NOT WRITE IN THIS SPA			CE	01042006	No Chg-P	CR2E034 (11/05)
				4. FEI Numb		Applied For   Not Applicabl
	2 = 2771 1 W.J.	A Commission of the Commission	ر میں ۔ مصنف میں مستقد کی	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	. 6. Name and Address of Current Re	gistered Agent		<del></del>	······································	
MARTIN, RICHARD E			}	DO	NOT W	RITE
2632 W STATE ROAD 434 LONGWOOD, FL 32779			IN THIS SPACE			
				1 IV	1 MIO OF	ACE
				<u>,</u>		
8. The above the obligat	naored entity submits this statement for the tions of redistance enemials.	ne purpose of changing its registe	red office or registe	ered agent, or bo	ith, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE.					<u> </u>	The state of the s
	Signature, typed or printed name of registered agent and	tille il applicable. (NOTE, Register	ed Agent signature require	id when reinstating)	<u> </u>	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		.00 May Be ded to Fees		
10.	OFFICERS AND DI	RECTORS	1	<del> </del>	<u> </u>	<del></del>
TITLE NAME	P MARTIN, RICHARD E					
STREET ADDRESS	2632 W STATE ROAD 434				4 - 4	
CITY-ST-ZIP	LONGWOOD, FL, 32779 .	<u> </u>	1		Hanasa	nonan .
NAME					01/24/06	392004 80065-006 150.00
STREET ADDRESS CITY-ST-IJP		- v · · · · · · · · · · · · · · · · · ·				
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KAME Street Address			<b>!</b>	D0	NOTIN	) [ ]
CITY-ST-ZIP	<u></u>				NOT W	
TITLE NAME			ł	IN.	THIS SF	PACE
STREET ADORESS			1			
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NAME			1			
STREET ADDRESS CITY-ST-ZIP			.1			

12. I hereby certify that the information supplied with this killing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee employered 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: \_

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone