## 2004 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## Feb 06, 2004 8:00 am Secretary of State DOCUMENT # P03000091595 1. Entity Name 02-06-2004 90033 043 \*\*\*163.75 OPEN DOORWAYS ENTERPRISE INCORPORATED Principal Place of Business Mailing Address 3604 DALE ST LAKELAND FL 33813 3604 DALE ST LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 861078041 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNDLACH, EDWIN G Street Address (P.O. Box Number is Not Acceptable) 3604 DALE ST LAKELAND FL 33813 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition GUNDLACH, EDWIN G NAME NAME 3604 DALE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP vs TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GUNDLACH, DONNA M NAME STREET ADDRESS 3604 DALE ST STREET ADDRESS CITY-ST-7IP LAKELAND FL 33813 CITY-ST-ZIP TITS F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED

1/29/04 863 644-2306