

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-23-2004 90269 049 ***150.00

DOCUMENT # P03000096774 1. Entity Name ALLIED DOOR SUPPLY COMPANY					
Principal Place of Business 1465 COX ROAD COCOA FL 32926-4273			Mailing Address 1465 COX ROAD COCOA FL 32926-4273		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0482093	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HARRISON, CHARLES R 1413 TROVILLION AVENUE WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, GEORGE E JR 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, GEORGE E SR 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, SCOTT K 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, EVELYN P 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, EVELYN P 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, EVELYN P 1465 COX ROAD COCOA FL 32926-4273	☐ Delete			
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: 4/6/04 321-6396372 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					