

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90010 018 \*\*\*150.00

**DOCUMENT # P03000118679**

1. Entity Name  
**W.M. INTERIOR DOOR & TRIM, INC.**



Principal Place of Business  
**11115 LOKANOTOSA TRAIL  
 ORLANDO, FL 32817**

Mailing Address  
**11115 LOKANOTOSA TRAIL  
 ORLANDO, FL 32817**

**50002733**

2. Principal Place of Business  
**11101 Lokanotosa Tr.**

3. Mailing Address  
**11101 Lokanotosa Tr.**

Suite, Apt. #, etc.



01052005 Chg-P CR2E034 (10/03)

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32817**

Country  
**USA**

4. FEI Number  
**56-2415272**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCBRIDE, WILLIE  
 11115 LOKANOTOSA TRAIL  
 ORLANDO, FL 32817**

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: Willie McBride DATE: 1/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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	PSTD MCBRIDE, WILLIE 11115 LOKANOTOSA TRAIL ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Willie McBride DATE: 1/10/05 (407) 384-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR