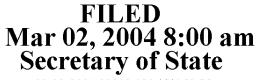
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P03000124537 1. Entity Name



COLUMBIA DOOR COMPANY					03-02-2004 90009 030 ***158.75		
Principal Place of Business Mailing Address .							
RT 9 BOX 5 LAKE CITY	74 (WALTER AVE) FL 32024	RT 9 BOX 574 (WALTER AVE) LAKE CITY FL 32024					
Principal Place of Business 3. Mailing Address							
		P.O. Box 26/3			U 1881/884 III DRIDO IIIII OOIII OOIII OOIII OOIII IIDIA IIBIA GARBI OIIOO KAAR COOLOOT LE COOI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		Lake City, Florida		la	4. FEI Number Applied For Not Applied For Not Applicable		
Zip	Country	^{Zip} 32056	Colomb		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent		
للمائية المراب المراجع المحتصر							
RT 9	OKE, CHÁNCE 9 BOX 574 (WALTER AVE)		Street A	Street Address (P.O. Box Number is Not Acceptable)			
LAKE CITY FL 32024							
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
∴ Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	7	☐ Change ☐ Addition		
NAME	COOKE, CHANCE		NAME		, Chance		
STREET ADDRESS CITY-ST-ZIP	P.O.BOX 26123 LAKE CITY FL 32056	•	STREET ADDRESS		Box 574		
	V		CITY-ST-ZIP	Lake	Cty, FL 32024'		
TITLE NAME	COOKE, DEAN	☐ Delete	TITLE NAME	Canke	e, Dean Change Addition		
STREET ADDRESS	P.O.BOX 26123		STREET ADDRESS		Box 574		
CITY-ST-ZIP	LAKE CITY FL 32056		CITY-ST-ZIP	LaKo I	(,ty ,FL 32024		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
- NAME	e same (g) e e e e e e e e e e e e e e e e e e e		-NAME		The second of the control of the con		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<u> </u>	Change Addition		
NAME			NAME		_ 5.5.gc 760mon		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	ļ			
TITLE NAME		☐ Delete	TITLE		Change Addition		
STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby	certify that the information supplied with	this filing does not qualify for the	e exemption sta	ted in Secti	tion 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**