


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90031 031 \*\*\*150.00

**DOCUMENT # P03000135814**

1. Entity Name  
**ATLAS DOOR REPAIR, INC.**



Principal Place of Business      Mailing Address

**221 EAST LIME STREET**      **221 EAST LIME STREET**  
**LAKELAND, FL 33805**      **LAKELAND, FL 33805**

2. Principal Place of Business      3. Mailing Address


*8035 Darlington Circle*      *8035 Darlington Circle*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Lakeland, FL*      *Lakeland, FL*

Zip      Country      Zip      Country

*33809*      *USA*      *33809*      *USA*



07062004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

*30-0219708*      Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, ZUZANA**  
**221 EAST LIME STREET**  
**LAKELAND, FL 33805**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*8035 Darlington Circle*

City      State      Zip Code

*Lakeland*      **FL**      *33809*

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: *Zuzana King*      **ZUZANA KING**      *7/7/04*

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**  
**Due by September 8, 2004**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	<b>KING, ZUZANA</b>	
STREET ADDRESS	<del>221 LIME ST</del>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KING, ZUZANA</b>	
STREET ADDRESS	<del>221 LIME ST</del>	
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>8035 Darlington Circle</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33809</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>8035 Darlington Circle</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33809</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zuzana King*      **ZUZANA KING**      *7/7/04*      *800-359-3449*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #