


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90095 047 \*\*\*150.00

**DOCUMENT # P03000135814**

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



Principal Place of Business <b>8035 DARLINGTON CIRCLE          LAKELAND, FL 33809</b>	Mailing Address <b>8035 DARLINGTON CIRCLE          LAKELAND, FL 33809</b>
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**50022104**



01242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <del>32-0219708</del> <b>30-0219708</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KING, ZUZANA  
 8035 DARLINGTON CIRCLE  
 LAKELAND, FL 33809**

**DO NOT WRITE IN THIS SPACE**

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, President 2/23/05  
Signature, typed or printed name of registered agent and fee 7 applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KING, ZUZANA 8035 DARLINGTON CIRCLE LAKELAND, FL 33809
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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 2/23/05 800-763-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #