## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000139975

MICHAEL, BLOCKER

24651 MISTY LAKE DRIVE

PONTE VEDRA BEACH, FL 32082

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA ALLDOOR COMPANY, INC

FILED Apr 22, 2005 Secretary of State

y	mer recrue	ATTENDED OF COMMENT					
Current Principal Place of Business:				New Principal Place of Business:			
1184 S NOVA ROAD ORMOND BEACH, FL 32174				5889 S. WILLIAMSON BLVD. SUITE 205 PORT ORANGE, FL 32128			
Current Mailing Address:				New Mailing Address:			
1412 SUWANNEE ROAD DAYTONA BEACH, FL 32114				1412 SUWANEE ROAD DAYTONA BEACH, FL 32114			
FEI Number:	: 20-0428034	FEI Number Applied Fo	or ( ) FEI Nur	mber Not Appl	icable ( )	Certificate of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GORDON, MARTIN A 1184 S NOVA ROAD ORMOND BEACH, FL 32174 US				GORDON, MARTIN A 5889 S. WILLIAMSON BLVD SUITE 205 PORT ORANGE, FL 32128 US			
	named entity e of Florida.	submits this statement	for the purpose o	of changing i	ts registered	d office or registered age	ent, or both,
SIGNATUR	RE:			04/22/2005			
	Electro	onic Signature of Regist	ered Agent			Date	
Election Car	npaign Financi	ng Trust Fund Contributior	n ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GORDON, MA 1412 SUWAN			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GORDON, RU 1184 S. NOV			Title: Name: Address: City-St-Zip:	GORDON, R 1216 TRAILV	(X) Change ( ) Addition USSELL B WOOD DRIVE EACH, FL 32266	
Title: Name: Address: City-St-Zip:	YOUMANS, A			Title: Name: Address: City-St-Zip:	YOUMANS, A 5889 S. WIL	(X) Change ( ) Addition ARTIS C III LIAMSON BLVD SUITE 205 IGE, FL 32128	
Title:	ST (	) Delete		Title:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN A. GORDON D 04/22/2005