


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-08-2004 90002 021 ***150.00

DOCUMENT # P03000156168 1. Entity Name RE OPEN DOOR, INC.					
Principal Place of Business 3530 SW RACQUET CLUB WAY PALM CITY FL 34990			Mailing Address 3530 SW RACQUET CLUB WAY PALM CITY FL 34990		
2. Principal Place of Business <i>3530 SW Racquet Club Way</i> Suite, Apt. #, etc.		3. Mailing Address <i>3530 SW Racquet Club Way</i> Suite, Apt. #, etc.			
City & State <i>Palm City, FL</i> Zip <i>34990</i>		City & State <i>Palm City, FL</i> Zip <i>34990</i>		4. FEI Number <i>34-1995653</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, JACQUELINE 3530 SW RACQUET CLUB WAY PALM CITY, FL 34990			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <i>Director/President</i> <input type="checkbox"/> Delete NAME <i>Jacqueline Lee</i> STREET ADDRESS <i>3530 SW Racquet Club Way</i> CITY-ST-ZIP <i>Palm City, FL 34990</i>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete 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: <i>Jacqueline Lee</i> (Jacqueline Lee) <i>4/30/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					