

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 MAR 30 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000158360		
1. Entity Name JD DOOR SERVICE, INC.		

Principal Place of Business 2933 THUNDER RD MIDDELBURG, FL 32068	Mailing Address 2933 THUNDER RD MIDDELBURG, FL 32068
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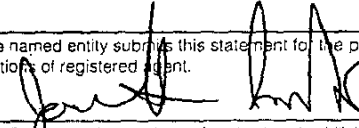
2. Principal Place of Business 5219 ANCHOR AVENUE Suite, Apt. #, etc.	3. Mailing Address 5219 ANCHOR AVENUE Suite, Apt. #, etc.
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32244	Country USA

03282005	REIN-P	CR2E098 (6/04)
4. FEI Number 20-0537103	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	

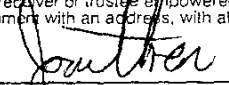
6. Name and Address of Current Registered Agent PECK, JONATHAN 2933 THUNDER RD MIDDELBURG, FL 32068	
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7. Name and Address of New Registered Agent Name PECK, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 5219 ANCHOR AVENUE City JACKSONVILLE FL Zip Code 32244	
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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 	DATE 3/28/05

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PECK, JONATHAN 2933 THUNDER RD MIDDELBURG, FL 32068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PECK, JONATHAN 5219 ANCHOR AVENUE JACKSONVILLE, FL 32244 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300050693793 ☐ Change ☐ Addition 04/14/05--01010--013 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 01-05 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE 3/28/05