


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000022994</b>		
1. Entity Name DOORS-N-MORE OF BREVARD, INC.		
Principal Place of Business 740 CHELSEA AVE. NE PALM BAY, FL 32905	Mailing Address 740 CHELSEA AVE. NE PALM BAY, FL 32905	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  SMITH, CRYSTAL 740 CHELSEA AVE. NE PALM BAY, FL 32905		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, CRYSTAL 740 CHELSEA AVE. NE PALM BAY, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, WESLEY 740 CHELSEA AVE. NE PALM BAY, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARD, HERLES 740 CHELSEA AVE. NE PALM BAY, FL 32905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Crystal Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/25/06 Date



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
32-0107152

Applied For
Not Applicable

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

1100000539499  
05/09/06-80103-003 150.00

**DO NOT WRITE  
IN THIS SPACE**