## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 15, 2006 8:00 am Secretary of State DOCUMENT # P04000047667 1. Entity Name 03-15-2006 90101 031 \*\*\*150.00 APPEAL LOCK & DOOR, INC. Principal Place of Business Mailing Address दुष्ण (संस्कृत 🐃 🏢 7432 WOODHILL PARK DRIVE 7432 WOODHILL PARK DRIVE # 1503 ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address 6 BOX Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0868965 Apopka Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32703 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARIAT MARCANO MARCANO, MARIA T Street Address (P.O. Box Number is Not Acceptable) 7432 WOODHILL PARK DRIVE # 1503 1148 windy way ORLANDO FL 32818 Apopka 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 (NOTE: Registered Agent signature required when rousialing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change MARCANO, MARIA T NAME MARCANO MARIAT NAME STREET ADDRESS 17432 WOODHILL PARK DRIVE STREET ADDRESS 1148 Windy way CIFY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP Apopka + L TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delste ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THUE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

FILED