## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM UMENT # P04000051355 **Secretary of State** E DOOR, INC. N PY Place of Business Mailing Address ROCKWOOD ST 3741 ROCKWOOD ST PACE FL 32571 2. foal Place of Business 3. Mailing Address Suite, Apt. #, etc. 6, Apt. #, etc. tst MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State state 34-1985310 Not Applicat: Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PECEVICH, WALTER MICHAEL III 3741 ROCKWOOD ST PACE FL 32571 Street Address (P.O. Box Number is Not Acceptable) Zip Code above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and eccept 8 bligations of registered agent. S DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 🗅 Mer May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees ANJECK Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1 11. TITLE ☐ Change ☐ Addition 77 Delete NAME PECEVICH, MICHAEL N STREET ADDRESS S 3741 ROCKWOOD ST *U00000397219* CITY-ST-ZIP C PACE FL 32571 01/30/06-80040-024 150.00 Art fills. ☐ Change ŗ ☐ Delete MAME ĸ STREET ADDRESS 5 CITY-ST-ZIP C ☐ Change 7 TITLE Delete NAME N STREET ADDRESS s CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS CITY-ST-ZIP A. am ☐ Change ☐ Defete TITLE NAME STREET ADDRESS CITY-S1-ZIP ☐ Change □ \*==: Delete THEF NAME STREET ADORESS 1 CITY-ST-ZIP 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 religiously that the information of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction 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 1 changed, or on an attachment with an address, with all other like empowered.