2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 06, 2007 08:00 Al Secretary of State DOCUMENT # P04000051355 1. Entity Name MIKE'S DOOR, INC. Principal Place of Business Mailing Address 3741 ROCKWOOD ST 3741 ROCKWOOD ST PACE FL 32571 PACE FL 32571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 34-1985310 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PECEVICH, WALTER MICHAEL III Street Address (P.O. Box Number is Not Acceptable) 3741 ROCKWOOD ST PACE FL 32571 City 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. Signature, typed or printed name of registered agent and title r applicable DATI: (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee WIII Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. une. Delete MG ☐ Change ☐ Addition PECEVICH, MICHAEL NAME. NAMI 3741 ROCKWOOD ST STREET ADDRESS STREET ADDRESS *U*00000693803 PACE FL 32571 CHY-SI-7/P 04/16/07-80055-003 150.00 CHY-ST-7IP ШЦ ☐ Delete TITLE. Change Addition NAME NAMI SHILL LADDRESS STREET ADDRESS CUY-ST-ZIP CHY-ST-ZIP ☐ Change MILE Delete HILL: Addition NAM! NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-SI-7IP ☐ Delete Change THE 11[1] ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-/IP CITY-ST-ZIP 11111 ☐ Change Delete Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS C11Y - S1 - 71F CHY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-ST-7/P CITY-ST-7IP 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 eath; that I am an efficiency 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.

Davime Phone #