## 2005 FOR PROFIT CORPORATION

## FILED Aug 25, 2005 8:00 am Secretary of State

ZUUS FUN FNUI	FII CORPORATION
ANNU	AL REPORT

Pinnicipal Place of Equiness 224 CROVE RIDGE DRIVE WINTER HAVER, FL 33880 US  State, Aps. #, etc.  Suite, Aps. #,	DOCUMENT # P04000103700  1. Entity Name SOUTHEASTERN DOOR & LOCK REPAIR, INC.				08-25-2005 90004 002 ***150.00					
224 GROVE RIDGE DRIVE WINTER HAVEN, FL 33890 US  \$50663408  Country	Principal Plac	e of Business	Mailing Address		·					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Cry & State		24 GROVE RIDGE DRIVE 224 GROVE RIDGE DRIVE		US	s 5006 <b>3408</b>					
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Size Co	2. Principal P	Principal Place of Business     3. Mailing Address								
Zip Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06242005	Chg-P	CR2E034 (10	0/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATSON, SHEILA D VATSON, SHEILA D	City & Stat	State City & State			4. FEI Numb	359751				
Name and Address of New Registered Agent   Name	Zip		Zip	Coun	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    City		1 <u></u>	Registered Agent	<u> </u>	Ι΄	7. Name and	Address of New R			
Sirbed Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obtigations of registered agent.  SIGNATURE    Signature, hybrid name of registered agent and laby 3 applicable.	224 GROV	'E RIDGE DRIVE			Street Address (P.O. Box Number is Not Acceptable)					
B. 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or primary rare of registered agent and the f applicable. (MOTE Registered Agent agenture required when retinatory)  DATE  FILE NOWITI FEE IS \$150.00  Signature, typed or primary rare of registered agent and the f applicable. (MOTE Registered Agent agenture required when retinatory)  DATE  FILE NOWITI FEE IS \$150.00  Signature, typed or primary rare of registered agent and the f applicable. (MOTE Registered Agent agenture required when retinatory)  DATE  FILE NOWITI FEE IS \$150.00  Signature, typed or primary rare of registered agent. or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent. or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent. or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent. or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent. or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent.  DATE  FILE NOWITI FEE IS \$150.00  Signature, typed or primary rare of registered agent. or registered agent, or both, in the State of Florida. It am familiar with, and accept the prior rate of registered agent.  Signature rate of prior primary rate of registered agent.  ITILE  WATSON, SHEILAD  MAKE  SIREEL ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MAKE  SIREEL ADDRESS  CITY-ST-2P  TITLE  MAKE  SIREEL ADDRESS		,			0					
SIGNATURE    Superve, typed or pretect name of registered apent and label applicable.   NOTE: Registered Apent acquisite apent acquisite apent and label applicable.   NOTE: Registered Apent acquisite								FL		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO OFFICE AND DIRECTORS IN 11  11. ADDITIONS/CHANGES TO			r the purpose of changing its	register	ed office or regi	stered agent, or bo	th, in the State of Flo	orida. I am familia	r with, a	and accept
Trust Fund Contribution. Added to Fees corporation did not receive the prior notice.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE P/D WATSON, SHEILA D STREET ADDRESS CITY-ST-2P WINTER HAVEN, FL 33880 CITY-ST-2P CITY-ST-2	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature req	uired when reinstating)		DATE	<del></del>	
TITLE NAME WATSON, SHEILA D	T									
NAME STREET ADDRESS CITY-ST-ZIP VP/D VILKINSON, CASSANDRA D 2936 DOVER LANE LAKELAND, FL 33801  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
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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 coporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with all other than the processed.	formation or director Block 11 if									

Acsident 1/24/05 P63-412-3301
Date Date Dayline Prone +