

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 002 \*\*\*150.00

**66010961**



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000151127</b> 1. Entity Name <b>COMMERCIAL DOOR REPAIRS, INC</b>																																	
Principal Place of Business <b>5555 SW 64TH AVE DAVIE FL 33314</b>			Mailing Address <b>5555 SW 64TH AVE DAVIE FL 33314</b>																														
2. Principal Place of Business Suite, Apt. #, etc.  City & State Zip Country			3. Mailing Address Suite, Apt. #, etc.  City & State Zip Country																														
4. FEI Number <b>20-2127380</b>				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>WRICH, TIMOTHY K 5555 SW 64TH AVE DAVIE FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Delete</td> </tr> <tr> <td>NAME</td> <td>WRICH, TIMOTHY K</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5555 SW 64TH AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DAVIE FL 33314</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	WRICH, TIMOTHY K	<input type="checkbox"/>	STREET ADDRESS	5555 SW 64TH AVE		CITY- ST- ZIP	DAVIE FL 33314		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY- ST- ZIP			
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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 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: _____ <b>3/1/05</b>																																	