2006 FOR PROFIT CORPORATION ANNUAL REPORT 2 DOCUMENT # P04000170794

FILED Feb 27, 2006 8:00 am Secretary of State 02-02-2006 90037 012 ***150.00

## Auditor Process ## Auditor Andrews ## Auditor Process ## Auditor Pr	1. Entity Name CONTRACTORS DISCOUNT DOORS, INC.					0 2 0 2 2 00	0 3 0 0 3 7 0 1 2	, 150.00	
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20 Country Zip Country A. Country A. Country B. Sa.75 Actificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212006	Chg-P	CR2E034 (11	/05)	
E. Name and Address of Current Registered Apent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City TL Society Sized Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity aginits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the familier with a familier agent	City & State		City & State		4. FEI Number	102804	<u> </u>		
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Spied Address (P.O. Box Number is Not Acceptable) Size of Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named ently sugnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the addigations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the addigation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the addigation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the addigation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the addition of the State of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida. I am familiar with, and accept the state of Fiorida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Fiorida Statutes. I further certify that the information of the state emption and other the emptioned of the State of Fiorida Statutes, and that my name appears in Block to 6 Sport 11 if chapted, or on	6. Name and Address of Current Registered Agent			Name	7. Name and A	ddress of New R	egistered Agent		
ATH FLOOR MIAMI, FL 33145 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registated office or registated agent, or both, in the State of Florida. I am familiar with, and society the displations of registated agent. SIGNATURE: Signature, tyneob inflact send of implated agent and that submits in the purpose of changing its registated office or registated agent, or both, in the State of Florida. I am familiar with, and society that displation of registated agent, or both, in the State of Florida. I am familiar with, and society that displation of registated agent, or both, in the State of Florida. I am familiar with, and society that control in the State of Florida. I am familiar with, and society that control in the State of Florida. I am familiar with, and society that the State of Florida. I am familiar with, and society that the State of Florida. I am familiar with, and society that the State of Florida. I am familiar with, and society that the Plantage of Control in the State of Florida. I am familiar with, and society in the Impact of Control in the State of Florida. I am familiar with, and society in the Impact of Control in the State of Florida. I am familiar with, and society in the Impact of Control in the State of Florida. I am familiar with, and society in the Impact of Control in the State of Florida. I am familiar with, and society in the Impact of Control in the State of Control in the	SPIEGEL & UTRERA, P.A.			-					
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	SIGNAT	URE: AND TWEET OR IS	BOTTED NAME OF BIONDING OFFICED OR	DIRECTOR		<u> </u>	6 /825 Outsine Por	-9993	



ATTACHMENT 66007684

See Correction on Following page

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

CONTRACTORS DISCOUNT DOORS, INC. 2401 C H ARNOLD RD ST AUGUSTINE, FL 32092

Subject: CONTRACTORS DISCOUNT DOORS, INC.

Reference Number:

P04000170794

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION