

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057148

FILED
Apr 17, 2007
Secretary of State

Entity Name: STANLEY DOOR INSTALLATIONS, INC.

Current Principal Place of Business:

4438 CARRIAGE CROSSING DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

4718 POST STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

4438 CARRIAGE CROSSING DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

4718 POST STREET
JACKSONVILLE, FL 32205

FEI Number: 20-2721411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, TODD M
4438 CARRIAGE CROSSING DRIVE
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

STANLEY, TODD M
4718 POST STREET
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: TODD STANLEY

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANLEY, TODD M
Address: 4438 CARRIAGE CROSSING DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STANLEY, TODD M
Address: 4718 POST STREET
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD STANLEY

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date