2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 04, 2006 8:00 am DOCUMENT # P05000102564 Secretary of State 1. Entity Name 05-04-2006 90204 033 ***150.00 SCHWEITZER & SCHWEITZER DOORS & DEMO INC. Principal Place of Business Mailing Address 2339 COSMOS AVENUE 2339 COSMOS AVENUE MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address 2339 (osmos 445 2337 Cosmos Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State M/B Florida MiDOLE Bugg 260124659 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32068 (/47 32068 Cla 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schwostell SCHWETZER, DANNY J Street Address (P.O. Box Number is Not Acceptable) 2339 COSMOS AVENUE (05M05 MIDDLEBURG FL 32068 m 32068 MIDDIEBURG 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 DANNY) Schwitzer ed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition NAME SCHWIETZER, DANNY J NAME STREET ADDRESS STREET ADDRESS 2339 COSMOS AVENUE CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. of the corporation or the receiver if changed, or on an attachn

ICER OR DIRECTOR

FILED

904-672-6701