

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000128974

1. Entity Name
WEST ORANGE DOOR MANUFACTURING COMPANY,
INC.



Principal Place of Business
8615 JUSTICE PL.
GROVELAND, FL 34736

Mailing Address
PO BOX 770098
WINTER GARDEN, FL 34777-0098



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0844913

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM N. ASMA, P.A.
886 S DILLARD ST
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRITT, ROBERT N
STREET ADDRESS PO BOX 770098
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE VP
NAME STILES, CRAIG
STREET ADDRESS PO BOX 770098
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE T
NAME ARVELLANO, JOHN
STREET ADDRESS PO BOX 770098
CITY-ST-ZIP WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000823696
02/20/08-80046-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

R. Neil Britt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08 352-429-8599

Date

Daytime Phone #