

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000102798

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** SLIDERIGHT DOORMASTERS OF FLORIDA, INC.

**Current Principal Place of Business:**

5015 WHITEWATER WAY  
SAINT CLOUD, FL 34771 US

**New Principal Place of Business:**

5017 DUBAN AVE  
BELLE ISLE, FL 32812 US

**Current Mailing Address:**

5015 WHITEWATER WAY  
SAINT CLOUD, FL 34771 US

**New Mailing Address:**

5017 DUBAN AVE  
BELLE ISLE, FL 32812 US

**FEI Number:** 26-1110633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEGVESKY, DANIEL  
5015 WHITEWATER WAY  
SAINT CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

NEGVESKY, DANIEL  
5017 DUBAN AVE  
BELLE ISLE, FL 32812 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:

04/12/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: NEGVESKY, KELLY  
Address: 5017 DUBAN AVE  
City-St-Zip: BELLE ISLE, FL 32812 US

Title: VP,D  
Name: NEGVESKY, DANIEL  
Address: 5017 DUBAN AVE  
City-St-Zip: BELLE ISLE, FL 32812 US

I hereby 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 all other like empowered.

SIGNATURE: DANIEL NEGVESKY

VP

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date