

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000103825

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** SLIDE-RITE GLASS DOOR REPAIR, INC.

**Current Principal Place of Business:**

102 E. NEW HAVEN AVE., PMB 115  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1255 ROLLING ROCK DR.  
MELBOURNE, FL 32934

**New Mailing Address:**

**FEI Number:** 06-1825013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POHLMANN, LARRY C  
952 SAND CREEK DR.  
MELBOURNE, FL 32934 US

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

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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: POHLMANN, LARRY C MR.  
Address: 952 SAND CREEK DR.  
City-St-Zip: MELBOURNE, FL 32934

Title: VP/D  
Name: MCELROY, THOMAS C MR.  
Address: 952 SAND CREEK DR.  
City-St-Zip: MELBOURNE, FL 32934

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: LARRY POHLMANN

P/D

03/25/2012

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

\_\_\_\_\_  
Date