2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P08000067118

Entity Name: SLIDE MASTER DOOR CO., INC.

Current Principal Place of Business:

6735 COBIA CIRCLE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6735 COBIA CIRCLE
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 26-3003626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKES, JOHN
6735 COBIA CIRCLE
BOYNTON BEACH, FL 33437 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WEEKES, JOHN
Address: 6735 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete
Name: WEEKES, ANNETTE
Address: 6735 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change ( ) Addition
Name: WEEKES, JOHN
Address: 6735 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D S (X) Change ( ) Addition
Name: WEEKES, ANNETTE
Address: 6735 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Change (X) Addition
Name: BARGASS, DAVID
Address: 6735 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify 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: JOHN WEEKES P 02/04/2009

Electronic Signature of Signing Officer or Director Date