

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000045821

1. Entity Name

AM PM DOOR SERVICE INC.



Principal Place of Business

273 GLENWOOD DRIVE
LAKELAND, FL 33805 US

Mailing Address

273 GLENWOOD DRIVE
LAKELAND, FL 33805 US



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, CHARLES M
273 GLENWOOD DRIVE
LAKELAND, FL 33805

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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

05/22/08-80013-006 150.00

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 KING, CHARLES
STREET ADDRESS 210 FERNERY RD.
CITY- ST- ZIP LAKELAND, FL 33805

TITLE VP
NAME PARZIALE, KATHERINE M
STREET ADDRESS 273 GLENWOOD DR
CITY- ST- ZIP LAKELAND, FL 33805

TITLE D
NAME BOOTH, RUTH E
STREET ADDRESS 5214 US HWY 98N
CITY- ST- ZIP LAKELAND, FL 33809

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08

863-559-0713