


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000070929
1. Entity Name
COMMERCIAL AND RESIDENTIAL DOORS, INC.



Principal Place of Business 10360 US HWY 19 NORTH PINELLAS PARK, FL 33782-3418 US	Mailing Address 10360 US HWY 19 NORTH PINELLAS PARK, FL 33782-3418 US
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DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3205460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TICKTIN, STANLEY P.
5129 88TH STREET E
BRADENTON, FL 34211

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000295691
04/09/05-80038-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TICKTIN, STANLEY P 5129 88TH STREET EAST BRADENTON, FL 34211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TICKTIN, SHEILA 5129 88TH STREET EAST BRADENTON, FL 34211
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley P. Ticktin Date: 4/7/05 Daytime Phone #: 727-545-4372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR