2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020084

FILED Feb 16, 2009 Secretary of State

Entity Name: STOLZE	DOOR COMPANY			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
12855-A DANIEL DRIVE CLEARWATER, FL 337	62			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
12855-A DANIEL DRIVE CLEARWATER, FL 337	62			
FEI Number: 59-3229344	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
STOLZE, JOHN L 312 BELLE ISLE BELLEAIR BEACH, FL 3	33534 US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electror	nic Signature of Registered Age	ent	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: STOLZE, JOHN) Delete N L	Title: PD (Name: STOLZE, CAF	X) Change()Addition ROLEE F	

312 BELLE ISLE AVE Address: 312 BELLE ISLE AVE Address: City-St-Zip: BELLEAIR BEACH, FL 34635 City-St-Zip: BELLEAIR BEACH, FL 34635 Title: () Delete Title: VSD (X) Change () Addition

STOLZE, CAROLEE STOLZE, JOHN L Name: Name: Address: 312 BELLE ISLE AVE Address: 312 BELLE ISLE AVE BELLEAIR BEACH, FL 34634 BELLEAIR BEACH, FL 34634 City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

MCCLOSKEY, GLORIA Name: Name: 12855-A DANIEL DRIVE Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33762

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: CAROLEE F. STOLZE Ρ 02/16/2009