

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020084

Entity Name: STOLZE DOOR COMPANY

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12855-A DANIEL DRIVE  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

12855-A DANIEL DRIVE  
CLEARWATER, FL 33762

**New Mailing Address:**

FEI Number: 59-3229344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STOLZE, JOHN L  
312 BELLE ISLE  
BELLEAIR BEACH, FL 33534 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: PD  
Name: STOLZE, CAROLEE F  
Address: 312 BELLE ISLE AVE  
City-St-Zip: BELLEAIR BEACH, FL 34635

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

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

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: GLORIA MCCLOSKEY

TRES

02/10/2012

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

\_\_\_\_\_  
Date