


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90031 040 \*\*\*150.00

<b>DOCUMENT # P94000061265</b>	
1. Entity Name <b>COMMERCIAL DOOR &amp; FRAME SERVICE, INC.</b>	

Principal Place of Business <b>955 CHARLES ST UNIT 109 LONGWOOD FL 32750 US</b>	Mailing Address <b>955 CHARLES ST UNIT 109 LONGWOOD FL 32750 US</b>
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2. Principal Place of Business <b>551 Holts Lake Court Suite, Apt. #, etc. Ste. 202 City &amp; State APOPKA Zip FL Country USA</b>	3. Mailing Address <b>551 Holts Lake Court Suite, Apt. #, etc. Ste 202 City &amp; State APOPKA FL Zip 32703 Country USA</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3281749</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PETERSON, TIM 4512 EDEN WOODS CIRCLE ORLANDO FL 32810</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O PETERSON, TIM 4512 EDEN WOODS CIR. ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PETERSON, TIM 4512 EDEN WOODS CIR. ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tim Peterson **TIM PETERSON** 2-21-06 4678802080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #