

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90023 005 \*\*\*150.00  
07-09-1999 90023 006 \*\*\*\*\*8.75

DOCUMENT # P94000065422 (5)

1. Corporation Name  
DORCAS' DOOR INC

DOCUMENT # NOT GIVEN ON THIS FORM.

Principal Place of Business  
227 S. PATRICK DR STE 308  
SATELLITE BEACH FL 32937

Mailing Address  
PO BOX 372126  
SATELLITE BCH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 1227 S PATRICK DR. Suite, Apt. #, etc. 2 STE 308 City & State 3 SATELLITE BCH, FL Zip 4 32937		2a. Mailing Address 26 PO BOX 372126 Suite, Apt. #, etc. 27 City & State 28 SATELLITE BCH, FL Zip 29 32937-0126 Country 30 BREVARD		3. Date Incorporated or Qualified SEPTEMBER 6, 1994 9/6/94	
4. FEI Number 59-3290001		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KATHARINE REID 240 BONNIE COURT SATELLITE BEACH FL 32937				10. Name and Address of New Registered Agent 81 Name KATHARINE REID 82 Street Address (P.O. Box Number is Not Acceptable) 240 BONNIE COURT 83 84 City SATELLITE BEACH FL 85 Zip Code 32937	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. KATHARINE REID MAY 27, 1999 (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	240 BONNIE CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SATELLITE BCH, FL 32937	1.2 NAME	
CITY-STATE-ZIP		1.3 STREET ADDRESS	
TITLE		1.4 CITY-STATE-ZIP	
NAME	KATHARINE REID VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	240 BONNIE CT	2.2 NAME	
CITY-STATE-ZIP	SATELLITE BCH FL 32937	2.3 STREET ADDRESS	
TITLE		2.4 CITY-STATE-ZIP	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-STATE-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-STATE-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-STATE-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-STATE-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-STATE-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-STATE-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-STATE-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-STATE-ZIP	

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 annual report or supplemental annual 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 12 or Block 13 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

MAY 27, 1999

Date

407/779-4888

Daytime Phone #

CR2E034 (11/98)

5/12/99 CORPORATE DETAIL RECORD SCREEN  
IUM: P94000065422 ST:FL ACTIVE/FL PROFIT FLD: 09/06/1994  
AST: REINSTATEMENT FLD: 01/03/1997  
EI#: 59-3290001

585586-40023-3  
P94000065422 (5)  
4:39 PM

NAME : DORCAS' DOOR, INC.  
PRINCIPAL: 1227 S PATRICK DRIVE CHANGED: 05/12/98  
ADDRESS SUITE #308/310  
SATELLITE BEACH, FL 32937 US  
MAILING : PO BOX 372126  
ADDRESS SATELLITE BEACH, FL 32937-0126  
A NAME : REID, KATHERINE P  
A ADDR : 1227 S PATRICK DRIVE SUITE #308/310 ADDR CHG: 05/12/98  
P.O. BOX 372126  
SATELLITE BEACH, FL 32937 US  
NN REP : (1996) I 01/03/97 (1997) BN 05/15/97 (1998) BN 05/12/98

5/12/99 OFFICER/DIRECTOR DETAIL SCREEN 4:39 PM  
ORP NUMBER: P94000065422 CORP NAME: DORCAS' DOOR, INC.  
ITLE: PS NAME: REID, MARGARET L  
240 BONNIE COURT  
SATELLITE BCH, FL 32937  
ITLE: VT NAME: REID, KATHRINE P  
240 BONNIE COURT  
SATELLITE BCH, FL 32937

*Note I was not sure of address changes so I answered all  
blanks. Please forgive print, I filled in & processed ASAP. :)*  
4