2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036620

FILED Apr 05, 2006 Secretary of State

Entity Name: BROWARD DOOR CLOSURE, INC. **Current Principal Place of Business: New Principal Place of Business:** 1729 N. POWERLINE ROAD POMPANO BEACH, FL 33069 **Current Mailing Address: New Mailing Address:** 1729 N. POWERLINE ROAD POMPANO BEACH, FL 33069 FEI Number: 65-0663575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELBORN, HUGH H 1729 N. POWERLINE ROAD POMPANO BEACH, FL 33069 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: (X) Change () Addition WELBORNE, HUGH H WELBORNE, HUGH H Name: Name:

561 PINE ISLAND RD 561 PINE ISLAND RD Address: Address: City-St-Zip: PLANT CITY, FL 33324 City-St-Zip: PLANT CITY, FL 33324

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

Name: Name: WELBORN, BARBARA Address: 1729 N POWERLINE RD Address: POMPANO BEACH, FL 33069 US City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: H WELBORN 04/05/2006