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

P960000 52653 **DOCUMENT #**

1. Corporation Name
BACK DOOR DESIGN, INC

Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90068 026 ***150.00

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	,				3 2 5982 - 90068 - 26	2 *	,
-Principal Plac	on of Pusings	Mailing Ad	dross				
		- ·		our Trail			
	Algonquin Trail			quin Trail			
Mait	land, FL 32751	Ma	itland,	FL 32751	DO NOT WRITE IN TH	IIS SPACE	
		•	•		3. Date Incorporated or Qualifed		
					<u>6-17-1996</u>		
2. Principal P	Place of Business	2a. Mailing	Address	-a. T-a.	4. FEI Number	Ap	plied For
21 100	Algonavin Trail	26 100	HIGO	ngvin Trail	59-3389580		t Applicable
Suite, Apt.	#, etc) V	Suite, A	Apt. #, etc. 🔾	/	5. Certificate of Status Desired	\$8.75	I .
22	 	27	<u> </u>			Fee Re	
City & Stat		City &		1 61	6. Election Campaign Financing	\$5.00	-
23 11 10 1 T	land, FL Country	28 1/16 Zip	<u>ziriane</u>	Country	Trust Fund Contribution	Added t	o rees
24 32	·	<u></u>	2751 3	7	8. This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24 37	9. Name and Address of Current			<u> </u>	10. Name and Address of New Registere		
				81 Name ()	, 00 1		
, ∤	Pajsky, Meli 1454 Ridgewe WinterPark, FL	ssa		K	ajsky, Melissa		
1	JEN Oldonia	and		82 Street Add	ress (P.O. Box Number is Not Acceptable)	ni l	
,	1454 Kluyew	000		83	woi myongom ne	41_4	
i l	Dinter Park. FL	3278	30				
W		ي. حــ	,	84 City	aitland E	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508	Florida Statutes	the above-named con	poration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State o	f Florida. Such	change was auth	orized by the corporat	ion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. i a	im familiar with, and accept the obligation	ons of Section	607,0505, Figrida	a Statutės.	ئەن ت	09	
SIGNATURE	THOUMAG	/ - /-	1 41			, ,	
SIGNATURE	Stonature, typed or printed name of registered agent	and title if applicable	(NOTE: Re	stered Agent signature requir	red when reinstating) DATE		
12.	Signature, typed of printed name of registered agent OFFICERS AND		(NOTE: Re	astered Agent signature requir	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS		RS IN 12
	OFFICERS AND	DIRECTORS	(NOTE: Re	13:	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	OFFICERS AND	DIRECTORS		13:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12.	OFFICERS AND	DIRECTORS		13:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12. TITLE NAME	D Rajsky, Melissa 1434 Ridgewood	DIRECTORS		13:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12. TITLE NAME STREET ADDRESS	D Rajsky, Melissa 1434 Ridaewood	Avenue.		13:		AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rajsky, Melissa 1434 Ridgewood	Avenue.	DELETE	13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	Addition
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14. 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.