

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90229 027 \*\*\*150.00

DOCUMENT # P96000093894

1. Entity Name

COMMERCIAL DOOR AND GATES SERVICES, INC.



Principal Place of Business

5555 DAVIE RD  
DAVIE FL 33314  
US

Mailing Address

5555 DAVIE RD  
DAVIE FL 33314  
US

50003298



2. Principal Place of Business

332 E. ACRE DR.  
Suite, Apt. #, etc.

3. Mailing Address

332 E. ACRE DR.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT LAUD FL  
Zip 33317 Country US

City & State

FT LAUD FL  
Zip 33317 Country US

4. FEI Number

65-0742578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRICH, TIMOTHY

5555 DAVIE RD  
DAVIE FL 33314  
332 E. ACRE DR.  
FT LAUD FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME WRICH, TIMOTHY  
STREET ADDRESS 5555 DAVIE RD  
CITY-ST-ZIP DAVIE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME WRICH Timothy  
STREET ADDRESS 332 E. ACRE DR.  
CITY-ST-ZIP FT LAUD FL 33317 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim WRICH

3/3/06 / 9548687642