

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P97000004736**

**1. Entity Name  
COASTAL DOORS, INC.**



**Principal Place of Business  
10018 NW 46TH STREET  
SUNRISE, FL 33351**

**Mailing Address  
5872 NW 54 CIRCLE  
CORAL SPRINGS, FL 33067**



**01062006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0723125**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RYCKEWAERT, RICKALLEN  
5872 NW 54 CIRCLE  
CORAL SPRING, FL 33067**

**DO NOT WRITE  
IN THIS SPACE**

**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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐**

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

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME RYCKEWAERT, DEBRA A.  
STREET ADDRESS 5872 NW 54 CIRCLE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067**

**TITLE D  
NAME RYCKEWAERT, RICKALLEN  
STREET ADDRESS 5872 NW 54 CIRCLE  
CITY-ST-ZIP CORAL SPRINGS, FL 33067**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**110000383954  
01/13/06-80020-022 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

**Debra A. Ryckewaert**

**1/6/06 954-  
572-5195**