

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90075 019 \*\*\*150.00

DOCUMENT # P97000029313

1. Entity Name  
A-1 DOOR REPAIR SERVICE, INC.



Principal Place of Business  
POST OFFICE BOX 1687  
EATON PARK, FL 33840

Mailing Address  
POST OFFICE BOX 1687  
EATON PARK, FL 33840



2. Principal Place of Business  
**2630 Industrial Park Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03112005 Chg-P CR2E034 (10/03)

City & State  
**Lakeland, FL**  
Zip  
**33801** Country  
**USA**

City & State  
Zip  
Country

4. FEI Number  
59-3438812  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALTMAYER, CHRISANNA L  
2424 TIMBERCREEK LOOP WEST  
LAKELAND, FL 33805

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2630 Industrial Park Drive**  
City **Lakeland** FL Zip Code **33801**

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 of person named name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTMAYER, CHRISANNA L 2424 TIMBERCREEK LOOP WEST LAKELAND, FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTMAYER, ROBERT E 2424 TIMBERCREEK LOOP WEST LAKELAND, FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2630 Industrial Park Drive</b> <b>Lakeland, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2630 Industrial Park Drive</b> <b>Lakeland, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Chrisanna L Altmeyer** **3/17/05** **863-667-0715**

Date

Daytime Phone #