

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-09-2004 90023 049 ***158.75

DOCUMENT # P97000088860					
1. Entity Name DOOR DOCTOR, INC.					
Principal Place of Business 3610 SE 21ST AVE CAPE CORAL FL 33904			Mailing Address 3610 SE 21ST AVE CAPE CORAL FL 33904		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0812557	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAPTISTE, J BARON 1215 SE 29TH TER CAPE CORAL FL 33904 <i>TERMINATED 1/30/04</i>			Name Christine R. Kozinski Street Address (P.O. Box Number is Not Acceptable) 3610 SE 21ST AVE City Cape Coral FL Zip Code 33904		
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 <i>Christine R. Kozinski</i>				DATE 2-20-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCP	☐ Delete	TITLE	DEPTREAS	☐ Change ☒ Addition
NAME	TAYLOR, MICHAEL J		NAME		
STREET ADDRESS	3610 SE 21ST AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	DS	☒ Delete	TITLE		☐ Change ☒ Addition
NAME	BAPTISTE, J BARON		NAME		
STREET ADDRESS	1215 SE 29TH TER		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	SECRET	☐ Change ☒ Addition
NAME			NAME	Christine R. Kozinski	
STREET ADDRESS			STREET ADDRESS	3610 SE 21ST AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: <i>Michael J. Taylor</i>				President 1-30-04 229-770-7370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	