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Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000097795

1. Entity Name
JDC DOORS AND HARDWARE INSTALLATION, INC.

01172006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
215 S LINCOLN AVE CLEARWATER, FL 33756	1713 LONG STREET CLEARWATER, FL 33755

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: 59-3483262 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILDER NEWMAN, JAMES ERLAND
1713 LONG STREET
CLEARWATER, FL 33755

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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HILDER NEWMAN, JAMES ERLAND STREET ADDRESS: 1713 LONG STREET CITY-ST-ZIP: CLEARWATER, FL 33755	☐ Delete	TITLE: DIRECTOR NAME: JEFFREY TALBOT HANEY STREET ADDRESS: 1240 S. HILLCREST AVE. CITY-ST-ZIP: CLEARWATER, FL 33756	☐ Change ☒ Addition
TITLE: TS NAME: NEWMAN, NANCY KAY STREET ADDRESS: 1713 LONG STREET CITY-ST-ZIP: CLEARWATER, FL 33755	☒ Delete	TITLE: V NAME: Newman, Nancy Kay STREET ADDRESS: 1713 Long Street CITY-ST-ZIP: Clearwater, FL 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: Nancy Newman — Feb 3-06 — 727-442-4995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
NANCY O NEWMAN