2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2007 8:00 am Secretary of State DOCUMENT # P97000097795 1. Entity Name 02-22-2007 90027 020 ***150.00 JDC DOORS AND HARDWARE INSTALLATION, INC. Principal Place of Business Mailing Address 215 S LINCOLN AVE 1713 LONG STREET CLEARWATER FL 33756 CLEARWATER FL 33755 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3483262 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILDER NEWMAN, JAMES ERLAND Street Address (P.O. Box Number is Not Acceptable) 1713 LONG STREET **CLEARWATER FL 33755** City Zip Code 8. The above named entity submits this slatement 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 prin (NOTE, Registered Agent signalure required when reinstating) DATE FILE NOW!!! FEE/IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HHE Delete TITLE ☐ Change HILDER NEWMAN, JAMES ERLAND Judith Marie Schumacher NAME 1713 LONG STREET 1445 Wilson Road STREET ADDRESS STREET ADDRESS CLEARWATER FL 33755 CITY-ST-ZIP CITY - ST - ZIF clearwater, FL 33755 Delete Change ☐ Addition HANEY, JEFFREY T NAML 1240 S. HILLCREST AVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY - ST - ZIP CITY+ST ZIP TITLE ☐ Delete TITLE. ☐ Change Addition NEWMAN, NANCY KAY NAME NAME 1713 LONG ST STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33755** CITY - ST - ZIP COY- \$1-7IP 11111 ☐ Delete HITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY ST- 7IP Change TITLE ☐ Delete TITLE ■ 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 exemptions contained in Section 119, Florida Statutes. 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.

humacher Director

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