


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000008661</b>	
1. Entity Name <b>SOUTHEASTERN DOOR AND METAL SERVICES, INC.</b>	

Principal Place of Business <b>4100 FLORAMAR TER NEW PORT RICHEY FL 34652</b>	Mailing Address <b>4100 FLORAMAR TER NEW PORT RICHEY FL 34652</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3490714</b>		Applied For												
		Not Applicable												
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required												
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="3"> <b>HENDLEY, DENISE 4100 FLORAMAR TERR NEW PORT RICHEY FL 34652</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>HENDLEY, DENISE 4100 FLORAMAR TERR NEW PORT RICHEY FL 34652</b>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent												
<b>HENDLEY, DENISE 4100 FLORAMAR TERR NEW PORT RICHEY FL 34652</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP <b>FOWLER, JOHN</b> <b>104 S HIMES AVE</b> <b>CLEARWATER FL 33762</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000675250</b> <b>03/30/07-80012-002 150.00</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <b>HENDLEY, DAVID</b> <b>4100 FLORAMAR TERRACE</b> <b>NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST <b>HENDLEY, DENISE</b> <b>4100 FLORAMAR TERRACE</b> <b>NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 exemptions contained in Section 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: Denise Hendley 3-20-07 232-0174  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #