

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021955

FILED
Jan 12, 2004
Secretary of State

Entity Name: FLORIDA DOOR CONTROL, INC.

Current Principal Place of Business:

3861 68TH AVE N
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

3861 68TH AVE N
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3508205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIFFIN, MICHAEL W
Address: 9481 HIGHLAND OAK DR., #714
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: MCCAULEY, LOLA L
Address: 5246 3RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: S () Delete
Name: MCCAULEY, LOLA L
Address: 5246 3RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP (X) Delete
Name: SIMS, EDWARD J
Address: 210 DAVID HILL RD
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA L MC CAULEY

TREA

01/12/2004

Electronic Signature of Signing Officer or Director

Date