

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 008 ***150.00

DOCUMENT # P98000021955

1. Entity Name
FLORIDA DOOR CONTROL, INC.



Principal Place of Business
3861 68TH AVE N
PINELLAS PARK, FL 33781 US

Mailing Address
3861 68TH AVE N
PINELLAS PARK, FL 33781 US

DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3508205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Michael W. Griffin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFIN, MICHAEL W
STREET ADDRESS	6302 NIKKI LANE
CITY - ST - ZIP	TAMPA, FL 33625
TITLE	S
NAME	MC CAULEY, LOLA L
STREET ADDRESS	5246 3RD AVENUE NORTH
CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	V
NAME	GRIFFIN, NINA
STREET ADDRESS	3861 68TH AVE N
CITY - ST - ZIP	PINELLAS PARK, FL 33781
TITLE	T
NAME	MILLS, GREG
STREET ADDRESS	5601 LAKESIDE DRIVE
CITY - ST - ZIP	LUTZ, FL 33558
TITLE	S
NAME	ELISA HERNANDEZ
STREET ADDRESS	5156 23rd Ave N
CITY - ST - ZIP	ST. PETERSBURG, FL 33710
TITLE	T
NAME	KEITH THOMAS
STREET ADDRESS	1471 Hidden Ridge Cove
CITY - ST - ZIP	Longwood, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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: Michael W. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

727 521 3667
Daytime Phone #