## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P98000084276 02-10-2006 90012 003 \*\*\*150.00 1. Entity Name MOORE DOORS & SPECIALTIES, INC. Mailing Address Principal Place of Business 2870-A INDUSTRIAL PLAZA DR. 2870-A INDUSTRIAL PLAZA DR. 20006974 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3544381 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIST, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 1300 THOMASWOOD DR. TALLAHASSEE, FL 32312 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD ☐ Change **Addition** ☐ Delete TITLE TITLE MOORE, JOHN S ELAENE YAWN NAMÉ NAME 2870-ATHOUSTREAL PLAZA DR 2870-A INDUSTRIAL PLAZA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 TALLAHASSEE FL 32301 Change ☐ Addition Detete TITLE TITLE MOORE, GREGORY C NAME NAME STREET ADDRESS 2870-A INDUSTRIAL PLAZA DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

FILED Feb 10, 2006 8:00 am