


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000095461</b>	
1. Entity Name <b>DOOR DEPOT OF PALM BEACH, INC.</b>	

Principal Place of Business <b>1033 WYNNDALE WAY LANTANA, FL 33462</b>	Mailing Address <b>1033 WYNNDALE WAY LANTANA, FL 33462</b>
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U00000572072  
07/25/06-80012-022 150.00  


**DO NOT WRITE IN THIS SPACE**

07192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0678682</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VAN KEUREN, PETER S 1001 ALTERNATE A1A JUPITE, FL 33477</b>	
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D MORRIS, NANCY A 1033 WYNNDALE WAY LANTANA, FL 33462</b>
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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:** Nancy Morris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_