

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90005 048 ***150.00

DOCUMENT # P99000021907

1. Entity Name
CLOUSER'S DOORS & MORE, INC.



Principal Place of Business
**4071 S TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**4071 S TAMiami TRAIL
SARASOTA, FL 34231**

54067003

2. Principal Place of Business
1746 10TH WAY

3. Mailing Address
1746 10TH WAY

Suite, Apt. #, etc.
BUILDING B

Suite, Apt. #, etc.
BUILDING B

08022004 Chg-P CR2E034 (10/03)

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-0922604

Applied For
Not Applicable

Zip
34236

Country

Zip
34236

Country

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

6. Name and Address of Current Registered Agent

**PREWETT, DANIEL L
577 BENEVA ROAD SOUTH
SARASOTA, FL 34233**

7. Name and Address of New Registered Agent

Name **TIMOTHY O. CLOUSER**

Street Address (P.O. Box Number is Not Acceptable)

4414 CLAREMONT AVE.

City **SARASOTA**

FL

Zip Code **34231**

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

Timothy O. Clouser

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

(NOTE: Registered Agent signature required when reinstating)

8-2-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CLOUSER, TIMOTHY O**
STREET ADDRESS **4414 CLAREMONT AVE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Timothy O. Clouser **TIMOTHY O. CLOUSER**

8-2-04 941 906 9656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #