2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 23, 2008 08:00 AN Secretary of State

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1. Entity Name

WEST TAMPA DOOR & HARDWARE, INC.



Principal Place of Business

2310 W. MAIN ST. TAMPA, FL 33607 Mailing Address

2310 W. MAIN ST. TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-3040641 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, RAMON A. 2310 MAIN ST.

DO NOT WRITE

TAMPA, F	L 33607		IN THIS SPACE				
	named entity submits this statement for the tions of registered agent.	purpose of changing its registered	office or registere	ed agent, or both, i	in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered A	gent signature required	when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financia Trust Fund Contribution.		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS				7	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP MENDEZ, RAMON A. 2310 MAIN ST. TAMPA, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENDEZ, CARMEN C 2310 MAIN ST TAMPA, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COURET, JOSE R 2310 MAIN ST TAMPA, FL		DO NOT WRITE				
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TITLE .					the production of the second o	, [

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 empewered 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR