

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90103 048 ***150.00

DOCUMENT # P03000106725		
1. Entity Name HOWARD MINAMI GARAGE DOORS INC.		

60034303



04032005 Chg-P CR2E034 (10/03)

Principal Place of Business 23 BARKWOOD LANE PALM COAST, FL 32137		Mailing Address 23 BARKWOOD LANE PALM COAST, FL 32137	
2. Principal Place of Business 9 BARKWOOD LN Suite, Apt. #, etc.		3. Mailing Address 9 BARKWOOD LN Suite, Apt. #, etc.	
City & State PALM COAST		City & State PALM COAST	
Zip 32137	Country	Zip 32137	Country

4. FEI Number 20-0190371	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANGHAUSER, MARY M 35 BARKWOOD LANE PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINAMI, HOWARD J 23 BARKWOOD LANE PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 BARKWOOD LN ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Howard J. Minami</u>	Date: <u>4805 386-447-3793</u>