2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90034 008 ***150.00

DOCUMENT # P03000106725

1. Entity Name
HOWARD MINAMI GARAGE DOORS INC.

Principal Place of Business	Mailing Address
9 BARKWOOD LN PALM COAST, FL 32137	9 BARKWOOD LN PALM COAST, FL 32137

05012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
23 Barkwood Ln	29 Columbus Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast FL	City & State: Palm Coast FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. FEI Number: 20-0190371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGHAUSER, MARY M 35 BARKWOOD LANE PALM COAST, FL 32137	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MINAMI, HOWARD J STREET ADDRESS: ~~9 BARKWOOD LN~~ CITY-ST-ZIP: PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS: 29 Columbus Ct 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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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 [signature] Howard J Minami 5-1-07 (386) 447-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #