


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State


DOCUMENT # P97000098043

1. Entity Name
A-MS GARAGE DOORS, INC.



Principal Place of Business 9939 RIVER DRIVE GIBSONTON, FL 33534-4405	Mailing Address 9939 RIVER DRIVE GIBSONTON, FL 33534-4405
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DO NOT WRITE IN THIS SPACE



03282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3477064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIRAH, MERLIN W
 9939 RIVER DRIVE
 GIBSONTON, FL 33534-4405**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000124314
 04/22/04-80040-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIRAH, MERLIN W 9939 RIVER DRIVE GIBSONTON, FL 335344405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SADLER, TAMMY R 5625 PAYNER RD POLK CITY, FL 338688865
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODYEAR, SHAWN 9939 RIVER DRIVE GIBSONTON, FL 335344405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Merlin W. Shirah **Merlin W. Shirah** 4-20-04 (813)671-4530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #