


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 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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04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3477064	Applied For <input type="checkbox"/> 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 remitting) 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

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: Tammy R. Sadler Tammy R. Sadler 4-5-05 (813)671-4530

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