


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 A
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



01312007 No Chg-P CR2E034 (11/05)

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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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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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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: *Merlin W. Shirah* **Merlin W. Shirah** 2-24-07 813)671-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #