# 2004 FOR PROFIT CORPORATION
# ANNUAL REPORT

□□□□□ □□□□ 248726

**1. Entity Name**
OVERHEAD DOOR COMPANY OF SARASOTA

| Principal Place of Business | Mailing Address |
|---|---|
| 1249 STRINGFIELD AVE. | 1249 STRINGFIELD AVE. |
| SARASOTA, FL  34237    US | SARASOTA, FL  34237    US |

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04192004    □□□□ □□□□        □□□□ □□□□□□□□□□

| 4. FEI Number | Applied For |
|---|---|
| 59-6073256 | Not Applicable |

| 5. Certificate of Status Desired | ☑ | **$8.75** □□□□□□□□ □□□□□□□□ |
|---|---|---|

### 6. Name and Address of Current Registered Agent

MCGINNESS, W L
1800 SECOND STREET
SUITE 971
SARASOTA, FL  34236

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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_____

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

U00000144915

| **FILE NOW!!!  FEE IS $150.00**<br>**After May 1, 2004 Fee will be $550.00** | **9.** Election Campaign Financing<br>Trust Fund Contribution.   ☐ | **$5.00** □□□□□□<br>□□□□□□□□□□ | 04/30/04-80148-006  158.75 |
|---|---|---|---|

**10.**                    OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | STOTTLEMEYER, SCOTT |
| STREET ADDRESS | 4822 HOYER DR. |
| CITY-ST-ZIP | SARASOTA, FL  34243 |

| | |
|---|---|
| TITLE | V |
| NAME | CROCKER, ROBIN |
| STREET ADDRESS | 4228 DRYDEN CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL  34241 |

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| NAME | |
| STREET ADDRESS | |
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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)(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:** _____    4-28-04    (941) 955 8343

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