## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 697152  1. Entity Name GARAGE DOOR SALES, INC.			Secretary of Stat			
Principal Place of Business  2807 OKEECHOBEE ROAD FT PIERCE, FL 34947  Mailing Address  2807 OKEECHOBEE ROAD FT PIERCE, FL 34947  FT PIERCE, FL 34947						
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D	O NOT WRITE	CE	01052007	No Chg-P	CR2E034 (11/05)  Applied For	
				59-212		Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>	5. Certificate	or status Desired	Fas Required
MELTON, JACK B  MELTON, JACK B  DO NOT WRITE						RITE
9429 POÍNCIANA COURT FORT PIERCE, FL 34951			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 Signature, typed or printed name of registered againt and title if applicable. (NOTE: Registered Agant signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.	6.00 May Be U00000590478 ded to Fees 01/18/07~80056~020 15000		
10. OFFICERS AND DIRECTORS			1		<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	P MELTON, JACK B 9429 POINCIANA CT FORT PIERCE, FL 34951		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-2IP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ŧ		!N	THIS SP	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-S1-ZIP						

12. I hereby certify that the information supplied with this filling 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 ther like empowered.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07

772-461-6729

Daytime Phone #