

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000005866**

1. Entity Name  
**RESCOM OVERHEAD DOORS, INC.**



Principal Place of Business  
**5800 SCOTT HAMILTON DR.  
LITTLE ROCK, AR 72209**

Mailing Address  
**P.O. BOX 8915  
LITTLE ROCK, AR 72219-8915**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**73-1681737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SIEMER, A.B.
STREET ADDRESS	150 E. CAMPUS VIEW BLVD., SUITE 250
CITY - ST - ZIP	COLUMBUS, OH 43235
TITLE	ST
NAME	BAILEY, ROGER
STREET ADDRESS	150 E. CAMPUS VIEW BLVD., SUITE 250
CITY - ST - ZIP	COLUMBUS, OH 43235
TITLE	CEO
NAME	BAILEY, ROGER
STREET ADDRESS	150 E. CAMPUS VIEW BLVD., SUITE 250
CITY - ST - ZIP	COLUMBUS, OH 43235
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000387390  
01/19/06-80038-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Roger Bailey, CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-06 501-570-9311**

Date

Daytime Phone #