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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENI# J4447 Prin Name CED GARAGE DOORS, II									
Principal Place	e of Business	Mailing A	ddress				# (1 + # # 1) # # # # # # # # 		II 4:811 61611 61611 6	1811 81811 1841
% CARL GLASE	ER	% CARL O	BLASER				1.5			
755-2 8TH COURT 755 8TH CT #5										
VERO BEACH I	FL 32962		ACH FL 32962			a Data Inc	DO NOT WE		IS SPACE	
		US				3. Date inc	orporated or Qualife	u		
Di-i- al D	Place of Business	a. Mailin	g Address			4: FEI Num			And	olied For
سرسر وحو	OLA C	2a. Mailin	y Address			59-273			ļ ``	Applicable
21 /			Apt. #, etc.			79 51	35500		\$8.75 A	
	w, 610,	27	7,010.			Certifcat	e of Status Desired		Fee Red	
City & Stat			State			. s Election	Campaign Financing	1 _	\$5.00	May Be
23		28				1	nd Contribution	, _□	Added to	•
Zip	Country	Zip		Country		a This con	poration owes the cu	rrent year l	Intangible	
24	25	29		30			Property Tax.	•		□No
	9. Name and Address of Cu					10. Name a	nd Address of New	Registere	d Agent	
				81	Name					
	SER, CARL			82	Street A	ddress (P.O. Box I	Number is Not Accer	table)	/	———
755-2 8TH CT			"	82 Street Address (P.O. Box Number is Not Acceptable)						
VER	O BEACH FL 32962			83						
				84	City				. 85 Zip C	ode
					1			F	L '	Í
office or re	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the older.	tate of Florida. Suc	h change was at	uthorized by	the corpora	ation's board of dif	rectors. I hereby acc	ept tne app	ontment as reg	lizieten
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicab	le. (NOTE:	Registered Age		uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registere OFFICERS	~ TRE	le. (NOTE:	Registered Age		uired when reinstating)	NS/CHANGES TO C	DATE	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registers OFFICERS	d agent and title if applicab	le. (NOTE:	13.		uired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registers OFFICERS D GLASER, CARL	d agent and title if applicab	le. (NOTE:	13. 1.1 TITLE	nt signature req	juired when reinstating) ADDITION	NS/CHANGES TO C	DATE FFICERS /	AND DIRECTOR	RS IN 12
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS