2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

DOCUMENT # P0100000157 1. Entity Name SUNCOAST GARAGE DOORS & OPERATOR CO., INC.							:	03-17-2006	_	013 ***15	0.00
Principal Place of Business 7910 N FAIRPORT AVE DUNNELLON, FL 34433				Mailing Address 7910 N FAIRPORT AVE DUNNELLON, FL 34433						1781 JIKKI BITIL IK T	
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02242006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State			4. FEI Numb 59-120			No	plied For t Applicable
Zip	Country		1	Zip Cour		try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	litional d
	6. Name	and Address of Curren	tered Agent	7. Name and Address of New Registered Agent Name							
WILCHYNSKI, JOHN 7910 N FAIRPORT AVE						Street Address (P.O. Box Number is Not Acceptable)					
DUNNELLON, FL 34433										<u> </u>	
						City			FL	Zip Code	Э
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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						· • ·	.00 May Be ded to Fees	,			
10.		CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7910 N F	ISKI, JOHN AIRPORT AVE LON, FL 34433		□ Delete	•					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7910 N F	NSKI ROSANNA AIRPORT AVE LON, FL 34433	,	Defete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	4				,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete				,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR