

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90010 049 ***158.75

DOCUMENT # P01000009452

1. Entity Name

YOULDEN GARAGE DOORS, INC.



Principal Place of Business

3610 SE 21ST AVE
CAPE CORAL FL 33904

Mailing Address

3610 SE 21ST AVE
CAPE CORAL FL 33904

24081931



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3694645

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAPTISTE, J. BARON
1215 SE 29TH TERR
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDC	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL J	
STREET ADDRESS	36RD SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BAPTISTE, J. BARON	
STREET ADDRESS	1215 SE 29TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3610 SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SECRET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINA KOSINSKI	
STREET ADDRESS	3610 SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARREN TAYLOR	
STREET ADDRESS	1215 SE 29TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MICHAEL J TAYLOR (PDC)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/04 239-541-0300
Date Daytime Phone #