2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P01000014313 02-23-2006 90009 028 ***150.00 DAVE'S GARAGE DOOR SPECIALISTS, INC. Principal Place of Business Mailing Address 2405 RUTH HENTZ AVE. 2405 RUTH HENTZ AVE. STE. C PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address 1503 Gulf Ave. 1503 B Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3699862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN BEMEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 607 WEST 11TH ST #C-8 PANAMA CITY, FL 32401 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 tifle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. SAME TITLE Delete TITLE Change - Addition SAME VAN BEMEN, WILLIAM D NAME WALIF 1036 Oxford Dr. STREET ADDRESS 607 W 11TH STREET, BOX C-8 STREET ADDRESS PANAMA CITY, FL 32401 Panama City FL, 32405 CUTY-ST-7/P CITY-ST-ZIP Delete SAME Change ☐ Addition SAME VAN BEMEN, RAMONA NAME NAME 1036 Oxford Dr. STREET ADDRESS 607 W 11TH STREET, BOX C-8 STREET ADDRESS PANAMÁ CITY, FL 32401 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Mile" -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST. 7P me ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 other like empowered.

FILED

Feb 23, 2006 8:00 am