

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90062 047 ***150.00

DOCUMENT # P01000014313	
1. Entity Name DAVE'S GARAGE DOOR SPECIALISTS, INC.	

Principal Place of Business 1503 B. GLUF BREEZE PANAMA CITY, FL 32405	Mailing Address 1503 B. GLUF BREEZE PANAMA CITY, FL 32405
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2. Principal Place of Business - No P.O. Box # 1503 B Gulf Avenue	3. Mailing Address 1503 B Gulf Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Panama City, FL 32405	City & State Panama City, FL 32405
Zip 32405	Country USA

20001110



02262007 Chg-P CR2E034 (12/08)

4. FEI Number 59-3699862	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent VAN BEMEN, WILLIAM 607 WEST 11TH ST #C-8 PANAMA CITY, FL 32401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1503 B Gulf Avenue City Panama City FL Zip Code 32405
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN BEMEN, WILLIAM D 1503B GULF BREEZE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1036 Oxford Drive Panama City, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BEMEN, RAMONA 1503B GULF BREEZE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1036 Oxford Drive Panama City, FL 32405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: William D. VanBemen **President** 3/8/07 850 769 6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #