2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000018279

1. Entity Name
R. B. SIEGEL GARAGE DOORS, INC.

Principal Place of Business	Mailing Address
1760 EXECUTIVE RD WINTER HAVEN, FL 33884	POST OFFICE BOX 1496 WINTER HAVEN, FL 33882-1496

✍Լսս34495

01032005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3699398	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, ROBERT B
1760 EXECUTIVE RD
WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

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 renstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SIEGEL, ROBERT B
STREET ADDRESS	~~2003 BUCKEYE ROAD NE~~ 1970 8th st. S.E.
CITY-ST-ZIP	~~WINTER HAVEN, FL 33801~~ Winter Haven, Fl. 33880

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: ✗ _____   Robert B. Siegel   4-11-05   863-324-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #