



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90303 012 ***150.00

DOCUMENT # P01000093147 1. Entity Name ATLANTIC OVERHEAD DOOR COMPANY, INC.																																																																																																																																			
Principal Place of Business 1526 STATE AVE STE A HOLLY HILL, FL 32117			Mailing Address 203 KENILWORTH AVENUE ORMOND BEACH, FL 32174																																																																																																																																
2. Principal Place of Business 1526 State Ave Suite, Apt. #, etc. Ste A		3. Mailing Address 5 Village Drive Suite, Apt. #, etc.																																																																																																																																	
City & State Holly Hill, FL		City & State Ormond Beach, FL		4. FEI Number 59-3746013																																																																																																																															
Zip 32117		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent SPAULDING, MARTIN A 203 KENILWORTH AVENUE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Spaulding, Martin A. Street Address (P.O. Box Number is Not Acceptable) 5 Village Drive City Ormond Beach FL Zip Code 32174																																																																																																																															
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 <u><i>Martin A Spaulding</i></u> MARTIN A SPAULDING <u>4.21.05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <u><i>Martin A Spaulding</i></u> MARTIN A SPAULDING <u>4.21.05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			