

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 041 ***150.00

DOCUMENT # P03000101694

1. Entity Name

FLORIDA WEST GARAGE DOORS, INC.



Principal Place of Business

5633 COUNTY WALK LN
SARASOTA FL 34233

Mailing Address

5633 COUNTY WALK LN
SARASOTA FL 34233

2. Principal Place of Business

5633 Country Walk Ln

Suite, Apt. #, etc.

3. Mailing Address

5633 Country Walk Ln

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

90-0118048

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DRYMON, PATRICK
5633 COUNTY WALK LN
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name: Lisa Scarpinato
Street Address (P.O. Box Number is Not Acceptable)
5633 Country Walk Ln

City Sarasota

FL

Zip Code 34233

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DRYMON, PATRICK	
STREET ADDRESS	5633 COUNTY WALK LN	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, JOEY	
STREET ADDRESS	5633 COUNTY WALK LN	
CITY-ST-ZIP	SARASOTA FL 34233	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Scarpinato	
STREET ADDRESS	5633 Country Walk Ln	
CITY-ST-ZIP	Sarasota, FL 34233	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/04 941-812-9752