

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000102334

1. Entity Name
AFFORDABLE GARAGE DOOR SERVICES, INC.



Principal Place of Business

8845 103 STREET
JACKSONVILLE, FL 32210 US

Mailing Address

1765 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL 32043 US



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2396584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREY, LAWANA
1765 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL 32043

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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 Lawana Frey
Signature, typed or printed name of registered agent and title if applicable

Lawana Frey
(NOTE: Registered Agent signature required when reinstating)

000000570265
07/14/06-2:06:06 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME FREY, TOM
STREET ADDRESS 8845 103 STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP
NAME FREY, LAWANA
STREET ADDRESS 8845 103 STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE SEC.
NAME FREY, LAWANA
STREET ADDRESS 8845 103 STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TREA
NAME FREY, LAWANA
STREET ADDRESS 8845 103 STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Lawana Frey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06
Date

904-394-3939
Daytime Phone #