## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 09, 2005 08:00 AM DOCUMENT # P03000114870 **Secretary of State** 1. Entity Name ADVANTAGE GARAGE DOORS, INC. Mailing Address Principal Place of Business \_\_\_\_ 21342 S BUCKHILL ROAD 21342 S BUCKHILL ROAD CLERMONT FL 34711 CLERMONT FL 34711 2.5 Principal Place of Business \_ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 16-1687008 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code City 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 Separature, 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Change Addition **PSTD** ☐ Delete OUR TITLE RICKEY, ROBERT E NAME NAME 21342 S BUCKHILL ROAD STREET ADDRESS STREET ADDRESS U00000221737 CITY-51-21P CLERMONT FL 34711 UTY-ST-ZIP 02/09/05-80044-020 Euros 00 Addition ☐ Delete LITTE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST- AP ☐ Addition ☐ Change ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CHY-ST-ZIP Change Addition ☐ Delete 111118 MAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CULY - ST- ZIP □ Change Addition Delete Total THILE NAME NAME SPREET ADDRESS STREET ADDRESS CUY-ST-7tP CUTY-SU-70P ☐ Addition Change Delete HILL HILE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST- ZIP 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.

OF SCHING OFFICER OR DIRECTOR

· 6 Feb 05 352-217-0367