Apr 16 05 09:58a T.F.

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May 11, 2005 8:00 am
Secretary of State
05-11-2005 90124 030 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133148

1. Entity Name
AAA AMERICAN OVERHEAD DOORS, INC.

50051521

Principal Place of Business	Mailing Address
116 SOUTH SUNSET AVE. MASCOTTE, FL 34753	116 SOUTH SUNSET AVE. MASCOTTE, FL 34753
2. Principal Place of Business: 11935 Bruce Hunt Rd.	3. Mailing Address: 11935 Bruce Hunt Rd
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State: Minneola FL	City & State: Minneola FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

04182005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0368948 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLINGTON, TONYA
116 SOUTH SUNSET AVE.
MASCOTTE, FL 34753

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable): 11935 Bruce Hunt Rd.
City: Minneola FL Zip Code: 34711

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: Tonya Y. Fullington — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5-01-05

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FULLINGTON, TONYA 116 SOUTH SUNSET AVE. MASCOTTE FL 34753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11935 Bruce Hunt Rd. Minneola FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FULLINGTON, JOHN 116 SOUTH SUNSET AVE. MASCOTTE, FL 34753	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 11935 Bruce Hunt Rd. Minneola FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELMS, KELLY 116 SOUTH SUNSET AVE MASCOTTE FL 34753	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Tonya Y. Fullington — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-[illegible]-05 Date