


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90035 003 ***150.00

DOCUMENT # P03000136867			
1. Entity Name DEAN OLIVER GARAGE DOORS, INC.			
Principal Place of Business 231 3 44TH ST JACKSONVILLE FL 32208		Mailing Address 231 3 44TH ST JACKSONVILLE FL 32208	
2. Principal Place of Business 231 E. 44th St.		3. Mailing Address 231 East 44th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32208	Country Dual	Zip 32208	Country Dual
6. Name and Address of Current Registered Agent OLIVER, DEAN 231 3 44TH ST JACKSONVILLE FL 32208		7. Name and Address of New Registered Agent Name DEAN OLIVER Street Address (P.O. Box Number is Not Acceptable) 231 East 44th St City Jacksonville FL Zip Code 32208	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Delete NAME P. OLIVER, DEAN STREET ADDRESS 231 3 44TH ST CITY-ST-ZIP JACKSONVILLE FL 32208		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME Vice President STREET ADDRESS Dell Benson CITY-ST-ZIP 231 East 44th St Jacksonville FL 32208		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	

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1st MOORE CR2E034 (10/04)

SIGNATURE: **Dean Oliver** **DEAN OLIVER** **8/4/6/05** **904-333-3045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #