2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P03000136867 1. Entity Name 04-08-2005 90035 003 ***150.00 DEAN OLIVER GARAGE DOORS, INC. Principal Place of Business Mailing Address 231 3 44TH ST JACKSONVILLE FL 32208 / 231 3 44TH ST 20027964 JACKSONVILLE FL 32208 3. Mailing Address 2. Principal Place of Business 231 E. 445 F 231 East-44 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State AXSONVIlle 20-0419442 aysonvill ~ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Du u = 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAW OLIVER OLIVER, DEAN Street Address (P.O. Box Number is Not Acceptable) 231 3 44TH ST JACKSONVILLE FL 32208 44th 55 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, 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 9. Election Campaign Financing \$5.00 May Be 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE OLIVER, DEAN NAME NAME 231 3 44TH ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change: ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 32208 CITY-ST-ZIP CITY-ST-ZIF ____ Delete ____ Change, __ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: Dean Olim DEAN OLIVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED