

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000139637

FILED
Apr 07, 2005
Secretary of State

Entity Name: CRABTREE OVERHEAD DOOR, INC.

Current Principal Place of Business:

8211 S.W. OLD KANSAS AVE.
STUART, FL 34997

New Principal Place of Business:

1555 NW. QUAIL CIRCLE
STUART, FL 34994

Current Mailing Address:

P.O. BOX 8040
HOBE SOUND, FL 33475

New Mailing Address:

1555 NW. QUAIL CIRCLE
STUART, FL 34994

FEI Number: 20-0421552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, EDDIE
8211 S.W. OLD KANSAS AVE.
STUART, FL 34997 US

Name and Address of New Registered Agent:

CRABTREE, EDDIE
1555 NW QUAIL CIRCLE
STUART, FL 34994 US

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.

SIGNATURE: EDDIE CRABTREE

04/07/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRABTREE, EDDIE
Address: 8211 S.W. OLD KANSAS AVE.
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: CRABTREE, JUSTIN
Address: 8211 S.W. OLD KANSAS AVE.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRABTREE, EDDIE
Address: 1555 NW QUAIL CIRCLE
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: CRABTREE, JUSTIN
Address: 1555 NW QUAIL CIRCLE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE CRABTREE

P

04/07/2005

Electronic Signature of Signing Officer or Director

Date