2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 8:00 am **Secretary of State DOCUMENT # P03000148206** 01-21-2005 90048 043 ***150.00 1. Entity Name MAGÍC OVERHEAD DOOR CO., INC. Principal Place of Business Mailing Address 50004658 528 N BEACH ST 528 N BEACH ST DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 20-0492737 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUCK, GEORGE D Street Address (P.O. Box Number is Not Acceptable) 528 N BEACH ST DAYTONA BEACH, FL 32114 Zip Code City FI 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Change Addition TITLE ☐ Delete RUCK, GEORGE D NAME NAME STREET ADDRESS STREET ADDRESS 307 JESSAMINE BLVD CITY-ST-ZIP CITY-ST-71P DAYTONA BEACH, FL 32118 TITLE D۷ ☐ Delete TITLE ☐ Change ■ Addition RUCK, BRADY C NAME NAME 90 HIDDEN HILLS DR STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | HOOPER, CHRISTOPHER SCOTT NAME NAME 7.74 Hartford Ave 307 JESSAMINE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32118 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

George D. Ruch SIGNATURE: