## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000148206**

1. Entity Name

MAGIC OVERHEAD DOOR CO., INC.



FILED Jan 12, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

528 N BEACH ST

DAYTONA BEACH, FL 32114

528 N BEACH ST

DAYTONA BEACH, FL 32114



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0492737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUCK, GEORGE D 528 N BEACH ST DAYTONA BEACH, FL 32114

## DO NOT WRITE IN THIS SPACE

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 A				pent signature required when reinstating) DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaigr     Trust Fund Contrib			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS							
NAME STREET ADDRESS CITY-ST-ZIP	DP RUCK, GEORGE D 307 JESSAMINE BLVD DAYTONA BEACH, FL 32118					U00000585501 01/16/07-80015-007 150.00 - DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUCK, BRADY C 90 HIDDEN HILLS DR ORMOND BEACH, FL 32174				-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOOPER, CHRISTOPHER SCOTT 224 HARTFORD AVE DAYTONA BEACH, FL 32118			-	DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 

STREET ADDRESS CITY-ST-ZIP

MATURE AND TIPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR DE

1/8/

386-753-5396

Daytime Phone il