2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000152013 02-20-2004 90005 040 ***150.00 OPEN & SHUT GARAGE DOORS, INC. Principal Place of Business Mailing Address 318 DIXIE DR 318 DIXIE DR HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02182004 Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LABRUNO, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 318 DIXIE DR HOLLY HILL, FL 32117 City Zip Code 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 u name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 - Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD Change Addition TITLE ☐ Delete TITLE LABRUNO, JOSEPH D NAME NAME 318 DIXIE DR STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP HOLLY HILL, FL 32117 ☐ Delete ክክ F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZiP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 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:

TED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Feb 20, 2004 8:00 am

Daytime Phone I