


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90037 003 \*\*\*158.75

**DOCUMENT # P03000152013**

1. Entity Name  
**OPEN & SHUT GARAGE DOORS, INC.**



Principal Place of Business  
**318 DIXIE DR  
 HOLLY HILL, FL 32117**

Mailing Address  
**318 DIXIE DR  
 HOLLY HILL, FL 32117**

2. Principal Place of Business  
**SI Smith Trl.**

3. Mailing Address  
 Suite, Apt. #, etc. **" "**


City & State  
**Palm Coast, FL**

City & State  
 " "

Zip  
**32164** Country **USA**

Zip " " Country " "

00010004



01252006 Chg-P CR2E034 (11/05)

4. FEI Number  
**52-2408711** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LABRUNO, JOSEPH D  
 318 DIXIE DR  
 HOLLY HILL, FL 32117**

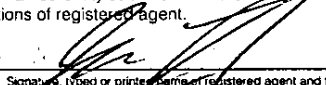
7. Name and Address of New Registered Agent

Name **Joseph D. LaBruno**

Street Address (P.O. Box Number is Not Acceptable)  
**SI Smith Trl.**

City **Palm Coast FL** Zip Code **32164**

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:  **Joseph D. LaBruno** DATE **1-31-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LABRUNO, JOSEPH D	
STREET ADDRESS	318 DIXIE DR	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Joseph D. LaBruno** DATE **1-31-06** DAYTIME PHONE # **386-566-7830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR