

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157184

FILED
Mar 07, 2005
Secretary of State

Entity Name: PROFESSIONAL GARAGE DOORS, INC.

Current Principal Place of Business:

1802 HOLLAR PLACE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

1802 HOLLAR PLACE
MIDDLEBURG, FL 32068 US

New Mailing Address:

PO BOX 8639
FLEMING ISLAND, FL 320060015 US

FEI Number: 20-0522287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, JOHN H
1802 HOLLAR PLACE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRAZIER, JOHN N
Address: 1802 HOLLAR PLACE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP () Delete
Name: BOOKSTORE, JOSHUA V
Address: 1210 FLEMING ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSHUA V BOOKSTORE

VP

03/07/2005

Electronic Signature of Signing Officer or Director

_____ Date