

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90070 009 ***158.75

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1. Entity Name

G N G GARAGE DOORS, INC.



Principal Place of Business

64 MINK AVE
MIDDLEBURG FL 32068
US

Mailing Address

64 MINK AVE
MIDDLEBURG FL 32068
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

26-0077977

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M III
4429 COUNTY ROAD 218 WEST
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

George M. Bloomer III

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GRAY, WINDELL H
STREET ADDRESS 64 MINK AVE
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE V ☒ Delete
NAME MCARTOR, DANNY S
STREET ADDRESS 2425 JASMINE AVE.
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

VP ☐ Change ☒ Addition
NAME Michael W. Gray
STREET ADDRESS 966 Frost St. E
CITY-ST-ZIP Jacksonville, FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Winndell H. Gray WINDELL H. GRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-05

Date

904-22-1022

Daytime Phone #