


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 015 ***150.00

DOCUMENT # P04000059714	
1. Entity Name QUALITY GARAGE DOORS, INC.	

Principal Place of Business 1065 NW 102ND STREET OKEECHOBEE, FL 34972	Mailing Address 1065 NW 102ND STREET OKEECHOBEE, FL 34972
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60026255



2. Principal Place of Business 16748 NW 144TH AVE Suite, Apt. #, etc.	3. Mailing Address 16748 NW 144TH AVE Suite, Apt. #, etc.
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01192006 Chg-P CR2E034 (11/05)

City & State OKEECHOBEE FL	City & State OKEECHOBEE FL
Zip 34972	Country OKEECHOBEE

4. FEI Number 20-0980915	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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WATFORD, LEE 16550 NW 144TH AVE OKEECHOBEE, FL 34972
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Name LEE WATFORD
Street Address (P.O. Box Number is Not Acceptable) 16748 NW 144TH AVE
City OKEECHOBEE FL Zip Code 34972

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 <u>Lee Watford</u> (NOTE: Registered Agent signature required when reinstating)
DATE <u>4-5-06</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WATFORD, LEE 16550 NW 144TH AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP LEE WATFORD 16748 NW 144TH AVE OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATFORD, LEE 16550 NW 144TH AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE WATFORD 16748 NW 144TH AVE OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATFORD, SHANNON 16550 NW 144TH AVE OKEECHOBEE, FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT SHANNON WATFORD 16748 NW 144TH AVE OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Lee Watford</u>	DATE <u>4-5-06</u> Daytime Phone #