## 2005 FOR PROFIT CORPORATION

## FILED Feb 11, 2005 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P04000091059 1. Entity Name 02-11-2005 90037 019 \*\*\*150.00 FLORIDA GARAGE SOLUTIONS, INC. Principal Place of Business Mailing Address TWO NORTH TAMIAMI TRAIL STE 602 TWO NORTH TAMIAMI TRAIL STE 602 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 1800 NORTHGATE BLVD 1800 NORTHGATE Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) STE STE 4. FEI Number 3 City & State Applied For -0118668 ARASOTA Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, ROY M III Street Address (P.O. Box Number is Not Acceptable) TWO NORTH TAMIAMI TRAIL STE 602 SARASOTA FL 34236 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 the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition STURM, GORDON 1800 NORTHGATE BLVD., NAME STURM, GORDON NAME STE A-9 STREET ADDRESS TWO NORTH TAMIAMI TRAIL STE 602 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME TAYLOR, ROY M III NAME STREET ADDRESS TWO NORTH TAMIAMI TRAIL STE 602 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR