2005 FOR PROFIT CORPORATION
ANNUAL REPORT

4,

DOCUMENT # P04000094783

1. Entity Name
KEVIN KAPIT GARAGE DOORS, INC.

Principal Place of Business	Mailing Address
4070 PALM AVENUE MIMS, FL 32754 US	4070 PALM AVENUE MIMS, FL 32754 US

66017074

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #. etc.
City & State	City & State
Zip	Country	Zip	Country

04082005   Chg-P   CR2E034 (10/03)

4. FEI Number 2-0-1315786	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPIT, KEVIN 4070 PALM AVENUE MIMS, FL, FL 32754	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_____
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 | 9. Election Campaign Financing ☐
Trust Fund Contribution. | **$5.00** May Be
Added to Fees | |

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KAPIT, KEVIN		NAME		
STREET ADDRESS	4070 PALM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _Kevin Kapit_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #