

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139235

1. Entity Name  
OWEN FAGAN DOORS, INC.



Principal Place of Business  
5745 SHORT HORN ROAD  
MIDDLEBRUG, FL 32068

Mailing Address  
5745 SHORT HORN ROAD  
MIDDLEBRUG, FL 32068

2. Principal Place of Business

4711 Rosemary Street  
Suite, Apt. #, etc.

3. Mailing Address

4711 Rosemary Street  
Suite, Apt. #, etc.

City & State

Middleburg FL

City & State

Middleburg FL

Zip

32068

Country

USA

Zip

32068

Country

USA

08012005

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAGAN, OWEN  
5745 SHORT HORN ROAD  
MIDDLEBRUG, FL 32068

7. Name and Address of New Registered Agent

Name Fagan, Owen

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

4711 Rosemary Street

City Middleburg FL

FL

Zip 32068

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 Owen Fagan

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

George Owen Fagan

(NOTE: Registered Agent signature required when registering)

9/14/05

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PDST  
NAME FAGAN, OWEN  
STREET ADDRESS 5745 SHORT HORN ROAD  
CITY-ST-ZIP MIDDLEBRUG, FL 32068

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST  
NAME Fagan, Owen  
STREET ADDRESS 4711 Rosemary Street  
CITY-ST-ZIP Middleburg FL 32068

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

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: George Owen Fagan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/05 904-338-1868  
Date Daytime Phone #