





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000083269</b> 1. Entity Name <b>A.M.T. GARAGE DOOR SERVICES, INC.</b>						<b>FILED</b> <b>06 JUN -5 AM 9:39</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4859 RIVERDALE RD</b> <b>JACKSONVILLE, FL 32210</b>				Mailing Address <b>4859 RIVERDALE RD</b> <b>JACKSONVILLE, FL 32210</b>			
2. Principal Place of Business <b>625 Shores Acres Dr.</b>		3. Mailing Address <b>7110 Melegold Circle</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State <b>Lake land Fl. 33801</b>		City & State <b>Land O' Lakes Fl.</b>					
Zip <b>33801</b>		Country <b>Polk.</b>		Zip <b>34639</b>		Country <b>Pasco</b>	
4. FEI Number <b>20-3310696</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TUOELA, ANTHONY M</b> <b>4859 RIVERDALE RD</b> <b>JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name <b>Anthony Michael Tudela</b> Street Address (P.O. Box Number is Not Acceptable) <b>7110 Melegold Circle</b> City <b>Land O' Lakes</b> <b>FL</b> Zip Code <b>34639</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				<b>Anthony Michael Tudela</b> <b>6-5-06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUOELA, ANTHONY M</b> <b>4859 RIVERDALE RD</b> <b>JACKSONVILLE, FL 32210</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tudela, Anthony M</b> <b>625 Shores Acres Dr.</b> <b>Lake land Fl. 33801</b> <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	<b>06/05/06--01010--001</b> <b>**43.75</b> <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	<b>300075829653</b> <b>06/05/06--01010--004</b> <b>**115.00</b> <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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>6-5-06</b> <b>813-558-5511</b> <small>Date Daytime Phone #</small>			