2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133896

1. Entity Name

OVERHEAD DOOR COMPANY OF THE GOLD COAST, INC.

US



US

FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1350 HAMMONDVILLE ROAD POMPANO BEACH, FL 33069 PO BOX 970475

BOCA RATON, FL 33497

02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3836042

Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent DO NOT WRITE HEIMOVICS, JOE 2000 GLADES ROAD IN THIS SPACE **SUITE 412** BOCA RATON, FL 33431 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NOVY, BLAIR PO BOX 970475 STREET ADDRESS BOCA RATON, FL 33497 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 expowered 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: 3

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 472 Daytime Priore #