


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90068 047 \*\*\*150.00

DOCUMENT # P06000048909

1. Entity Name  
 D & D GARAGE DOORS OF LAKE CITY AND GAINESVILLE, INC.



40024310



Principal Place of Business Mailing Address  
~~4514 DOVER ST CIR E~~ ~~4514 DOVER ST CIR E~~  
~~BRADENTON, FL 34203~~ ~~BRADENTON, FL 34203~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 3483 S.W. Pinemount Rd SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

02202007 Chg-P CR2E034 (12/06)

City & State Lake City FL  
 Zip 32024 Country USA

4. FEI Number 14-1961444 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STALTER, KEVIN D  
~~4514 DOVER ST CIR E~~  
~~BRADENTON, FL 34203~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3483 S.W. Pinemount Rd  
 City LAKE City FL Zip Code 32024

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 *Kevin D Stalter* DATE 2-23-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP STALTER, KEVIN D <del>4514 DOVER ST CIR E</del> <del>BRADENTON, FL 34203</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PAES Kevin D. STALTER 3483 S.W. Pinemount Rd LAKE City FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	secty DAWN M. STALTER 3483 SW Pinemount LAKE City FL 32024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Kevin D Stalter* Date 2-22-07 Daytime Phone # 386-754-3667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR