

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000031173

FILED
Sep 03, 2011
Secretary of State

Entity Name: OVERHEAD DOOR & OPERATOR CO. INC.

Current Principal Place of Business:

219 CRAFT ST.
PENSACOLA, FL 32534 US

New Principal Place of Business:

9601 NORTH PALAFOX ST
SUITE 6A
PENSACOLA, FL 32534 US

Current Mailing Address:

219 CRAFT ST.
PENSACOLA, FL 32534 US

New Mailing Address:

9601 NORTH PALAFOX ST
SUITE 6A
PENSACOLA, FL 32534 US

FEI Number: 26-2374952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

CUMMINGS, JAMES M
9601 NORTH PALAFOX ST
SUITE 6A
PENSACOLA, FL 32534 US

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.

SIGNATURE: JAMES CUMMINGS

09/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CUMMINGS, JAMES M
Address: 9601 NORTH PALAFOX ST, SUITE 6A
City-St-Zip: PENSACOLA, FL 32534 US

Title: TRES
Name: CUMMINGS, JAMES M
Address: 9601 NORTH PALAFOX ST, SUITE 6A
City-St-Zip: PENSACOLA, FL 32534 US

Title: SEC
Name: CUMMINGS, JAMES M
Address: 9601 NORTH PALAFOX ST, SUITE 6A
City-St-Zip: PENSACOLA, FL 32534 US

Title: DIR
Name: CUMMINGS, JAMES M
Address: 9601 NORTH PALAFOX ST, SUITE 6A
City-St-Zip: PENSACOLA, FL 32534 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES CUMMINGS

PRES

09/03/2011

Electronic Signature of Signing Officer or Director

Date