## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 8:00 am **DOCUMENT # P94000029187 Secretary of State** 03-19-2007 90081 003 \*\*\*150.00 PINCKARD'S GARAGE DOORS, INC. Mailing Address Principal Place of Business 5489 WOODBINE ROAD 5489 WOODBINE ROAD ₫0000××× PACE, FL 32571 PACE, FL 32571 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 Cha-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-3238992 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BASS & SANDFORT ACCOUNTANTS, PA** Street Address (P.O. Box Number is Not Acceptable) 1301 W GARDEN ST PENSACOLA, FL 32501-4504 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete PINCKARD, SHARON NAME NAME STREET ADDRESS 3461 MAHOGANY DR. STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY - ST - ZIP ☐ Celete TITLE Change Addition TITLE NAME PINKARD, KEVIN NAME STREET ADDRESS 3590 WILLIAND NORRIS RD STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PINCKAND, KEITH NAME STREET ADDRESS 5189 WOODBINK RD STREET ADDRESS PACE, FL 32571 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this tilling 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 chment with an address, with all

CITY-ST-7IP

SIGNATURE

STREET ADDRESS

FILED