2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000057352

1. Entity Name
FLORIDA PANHANDLE OVERHEAD DOORS, INC.

Principal Place of Business	Mailing Address
4333 AVALON BLVD MILTON, FL 32583 US	P.O. BOX 10772 PENSACOLA, FL 32524 US

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3257718
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARCILLIAT, JOHN MARK
4333 AVALON BLVD
MILTON, FL 32583

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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 _____ DATE
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, MYRON R
STREET ADDRESS	C/O 4333 AVALON BLVD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	V
NAME	SCHAFER, MICHAEL R
STREET ADDRESS	C/O 4333 AVALON BLVD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	ST
NAME	BROWN, T W
STREET ADDRESS	C/O 4333 AVALON BLVD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VP
NAME	MARCILLIAT, JOHN M.
STREET ADDRESS	C/O 4333 AVALON BLVD
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/05-80021-016 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Mark Marcilliat 2/7/05 850-983-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #