2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057352

Entity Name: FLORIDA PANHANDLE OVERHEAD DOORS, INC.

FILED Mar 12, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:
4333 AVAI MILTON, F	LON BLVD FL 32583 US	
Current N	lailing Address:	New Mailing Address:
P.O. BOX PENSACC	10772 DLA, FL 32524 US	
FEI Number	: 59-3257718 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registered Age	New Mailing Address: For () FEI Number Not Applicable () Certificate of Status Desired (X) Agent: Name and Address of New Registered Agent: Int for the purpose of changing its registered office or registered agent, or both, Stered Agent Date
4333 AVAI MILTON, F		or the purpose of changing its registered office or registered agent, or bo
SIGNATUI		
	Electronic Signature of Register	ed Agent Date
Election Ca	mpaign Financing Trust Fund Contribution ().
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	P () Delete WILSON, MYRON R C/O 4333 AVALON BLVD MILTON, FL 32583	Name: Address:
Title: Name: Address: City-St-Zip:	V () Delete SCHAFER, MICHAEL R C/O 4333 AVALON BLVD MILTON, FL 32583	Name: Address:
Title: Name: Address: City-St-Zip:	ST () Delete BROWN, T W C/O 4333 AVALON BLVD MILTON, FL 32583	Title: VP (X) Change () Addition Name: MARCILLIAT, JOHN MARK Address: C/O 4333 AVALON BLVD City-St-Zip: MILTON, FL 32583
Title: Name: Address: City-St-Zip:	VP (X) Delete MARCILLIAT, JOHN M. C/O 4333 AVALON BLVD MILTON, FL 32583	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J. MARK MARCILLIAT VP 03/12/2008