


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000091037		
1. Entity Name S & G GARAGE DOORS & OPERATORS, INC.		

Principal Place of Business 8530 ORETO DRIVE PORT RICHEY, FL 34668 US	Mailing Address 8530 ORETO DRIVE PORT RICHEY, FL 34668 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 MAR 23 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SAYLOR, JODY 10920 EARHART DR NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name Glenn E. Saylor Jr. Street Address (P.O. Box Number is Not Acceptable) 8530 Oreto Drive City Port Richey FL Zip Code 34668	
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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 *Glenn E. Saylor Jr.* **Glenn E. Saylor Jr./President** **March 12, 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYLOR, JODY 10920 EARHART DR NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Saylor, Glenn E. 8530 Oreto Drive Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200096013548 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/08/07--01052--009 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$23/29</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Glenn E. Saylor Jr.* **Glenn E. Saylor, Jr.** **3/12/07** **(727)848-5310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #