

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90386 037 ***150.00

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1. Entity Name

A & B GARAGE DOOR COMPANY, INC.

Principal Place of Business

1343 SW MACEDO BLVD
PORT SAINT LUCIE FL 34983

Mailing Address

1531 SW DELAS AVE.
PORT SAINT LUCIE FL 34953

2. Principal Place of Business

1531 SW Delas Ave
Suite, Apt. #, etc.

3. Mailing Address

1531 SW Delas Ave
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Port St Lucie, FL
Zip 34953 Country US

City & State

Port St Lucie, FL
Zip 34953 Country US

4. FEI Number

65-0733384

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKER, DAVID R
1343 SW MACEDO BLVD
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1531 SW Delas Ave

City

Port St Lucie

FL

Zip Code

34953

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BROOKER, DAVID R
STREET ADDRESS 9230 S.W. 18TH ROAD
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ Delete
NAME BROOKER, SHERI
STREET ADDRESS 9230 S.W. 18TH ROAD
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME new add - 1531 SW Delas Ave
STREET ADDRESS Port St Lucie, FL 34953
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME new add:
STREET ADDRESS 1531 SW Delas Ave
CITY-ST-ZIP Port St Lucie FL 34953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/05 772-344-2225