2007 FOR PROFIT CORPORATION

Feb 01, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P97000050140 02-01-2007 90030 023 ***150.00 METRO GARAGE DOOR OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 40008204 **751 BUSINESS PARK BLVD** 751 BUSINESS PARK BLVD SUITE 103 SUITE 103 WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3451544 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OGLE, DARRELL WAYNE 751 BUSINESS PARK BLVD Street Address (P.O. Box Number is Not Acceptable) **SUITE 103** WINTER GARDEN, FL 34787 City Zip Code FI 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 SIGNATURE. 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE ☐ Change □ Addition OGLE, DARRELL WAYNE NAME NAME STREET ADDRESS 751 BUSINESS PARK BLVD #103 STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition OGLE, PAMELA M NAME NAME STREET ADDRESS 951 BUSINESS PARK BLVD #103 STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL. 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition OGLE, KEVIN D NAME NAME STREET ADDRESS 751 BUSINESS PARK BLVD #103 STREET ADDRESS CITY - ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP Tr71 F ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-29.07

FILED