

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90081 031 ***158.75

DOCUMENT # P97000063874

1. Corporation Name

SYNERGY GARAGE DOOR SYSTEMS, INC.

Principal Place of Business

3816 BECONTREE PLACE
OVIEDO FL 32765

Mailing Address

3816 BECONTREE PLACE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

59-3459486

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21 901 SW MARTIN DOWNS BLVD

26 901 SW MARTIN DOWNS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201-A

27 SUITE 201-A

City & State

City & State

23 PALM CITY, FL

28 PALM CITY, FL

Zip

Country

Zip

Country

24 34990

25 MARTIN

29 34990

30 MARTIN

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKIPPER, LINDA M
1305 EAST ROBINSON ST. STE. C
ORLANDO FL 32801

81 Name

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

901 SW MARTIN DOWNS BLVD

83

SUITE 201-A

84

PALM CITY

FL

85

Zip Code

34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Linda M. Skipper

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

(NOTE: Registered Agent signature required when reinstating)

2-15-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME SKIPPER, COURTLAND S III
STREET ADDRESS 3816 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

DELETE

TITLE SV
NAME SKIPPER, LINDA M
STREET ADDRESS 3816 BECONTREE PLACE
CITY-ST-ZIP OVIEDO FL 32765

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

3761 SW COQUINA COVE WAY, #206
PALM CITY, FL 34990

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3761 SW COQUINA COVE WAY, #206
PALM CITY, FL 34990

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Courtland S. Skipper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

Date

Daytime Phone #

CR2E034 (11/98)