

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90268 044 ***150.00

DOCUMENT # P97000063874 1. Entity Name GARAGE DOOR DOCTORS, INC.			
Principal Place of Business 2121 SW CONANT AVE PORT SAINT LUCIE, FL 34953 US		Mailing Address 2121 SW CONANT AVE PORT SAINT LUCIE, FL 34953 US	
2. Principal Place of Business 513 NW WAVERLY CIR. Suite, Apt. #, etc.		3. Mailing Address 513 NW WAVERLY CIR. Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL Zip Country 34983 US		City & State PORT ST. LUCIE, FL Zip Country 34983 US	
4. FEI Number 59-3459486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKIPPER, COURTLAND S 2121 SW CONANT AVE PORT SAINT LUCIE, FL 34953		7. Name and Address of New Registered Agent Name SKIPPER, COURTLAND S. Street Address (P.O. Box Number is Not Acceptable) 513 NW WAVERLY CIR. City PORT ST. LUCIE FL Zip Code 34983	
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 <u>Courtland S. Skipper</u> COURTLAND S. SKIPPER, PRES. <small>Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKIPPER, COURTLAND S III 513 NW WAVERLY CIR PORT SAINT LUCIE, FL 34983 <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	SVP SKIPPER, LINDA M 513 NW WAVERLY CIR. PORT SAINT LUCIE, FL 34983 <input checked="" 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	T MAHER, STEPHEN C 1778 SW MILLKEN AVE PORT SAINT LUCIE, FL 34953 <input checked="" 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 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: <u>Courtland S. Skipper</u> COURTLAND S. SKIPPER III 4-26-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

(772) 873-2250