


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 011 ***150.00


DOCUMENT # P01000066308
 1. Entity Name
A-1-A OVERHEAD DOOR COMPANY, INC.



Principal Place of Business Mailing Address
12861 KELSEY ISLAND DRIVE **12861 KELSEY ISLAND DRIVE**
JACKSONVILLE, FL 32224 **JACKSONVILLE, FL 32224**

2. Principal Place of Business 3. Mailing Address
3621 Sir Rogers Court **3621 Sir Rogers Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

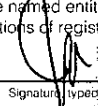
City & State City & State
Jacksonville FL **Jacksonville FL**
 Zip Country Zip Country
32224 **USA** **32224** **USA**



04272004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-3729762 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FUQUA, JAMES T
12861 KELSEY ISLAND DRIVE
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent
 Name
FUQUA, JAMES T JR
 Street Address (P.O. Box Number is Not Acceptable)
3621 SIR ROGERS COURT
 City State Zip Code
JACKSONVILLE **FL** **32224**

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  DATE **4/30/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PDST	<input type="checkbox"/> Delete
NAME	FUQUA, JAMES T JR	
STREET ADDRESS	12861 KELSEY ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE	V	<input type="checkbox"/> Delete
NAME	STANLEY, JODIE J	
STREET ADDRESS	12861 KELSEY ISLAND DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuqua, James T. Jr.	
STREET ADDRESS	3621 Sir Rogers Court	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuqua, Jodie J.	
STREET ADDRESS	3621 Sir Rogers Court	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  Date **4/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #