

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022280

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: SITTE ROOFING & GUTTERING INC.

**Current Principal Place of Business:**

2140 SCURLOCK RD  
SOUTHPORT, FL 32409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8688  
SOUTHPORT, FL 32409 US

**New Mailing Address:**

FEI Number: 04-3610991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SITTE, CAREY M  
3577 CRYSTAL LAKE DR  
CHIPLEY, FL 32428 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SITTE, CAREY M  
Address: PO BOX 8688  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: VD ( ) Delete  
Name: SITTE, DAVE A  
Address: 1315 CAVANAUGH LANE  
City-St-Zip: SOUTHPORT, FL 32409 FL

Title: STD ( ) Delete  
Name: SITTE, CATHY R  
Address: PO BOX 8688  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: D (X) Delete  
Name: SUNDAY, MICHAEL  
Address: PO BOX 8688  
City-St-Zip: SOUTHPORT, FL 32409 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREY M SITTE

PD

01/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date