


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P02000050260</b>	
1. Entity Name <b>MCINTYRE EXTERIORS, INC.</b>	

Principal Place of Business <b>928-C 9TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>928-C 9TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250</b>
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04282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1005913</b>	Appl. For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCINTYRE, JOHN A  
928-C 9TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, JOHN 928-C 9TH AVE S JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, TIM F 6130 ISLAND FOREST DR ORANGE BEACH, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 fees empowered.

SIGNATURE: John McIntyre  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR