2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000114107 **Secretary of State** 1. Entity Name 03-21-2005 90104 034 ***158.75 DAREK VINYL SIDING, INC. Principal Place of Business Mailing Address 7715 ARMONDA DR. 909 MAR WALT DRIVE, SUITE 1014 7715 ARMONDA DR. 50028667 NAVARRE FL 32566 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 90-0127501 Not Applicable Žip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUNDERA, DARIUSZ RAMONA DR. Street Address (P.O. Box Number is Not Acceptable) 7715 ARMONDA DR. NAVARRE FL 32566 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE Change ☐ Addition KUNDERA, DARIUSZ NAME NAME 7715 RAMONA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP ☐ Defete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEF □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Detete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 21, 2005 8:00 am