


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90005 002 \*\*\*550.00

<b>DOCUMENT # 632928</b> 1. Entity Name <b>RAIN GUARD SEAMLESS GUTTERS, INC.</b>																													
Principal Place of Business <b>275 NE HWY 19 CRYSTAL RIVER, FL 34429</b>			Mailing Address <b>275 NE HWY 19 CRYSTAL RIVER, FL 34429</b>																										
2. Principal Place of Business		3. Mailing Address <b>7090 W. Gulf to Lake Hwy Crystal River</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Crystal River</b>		07142005    Chg-P    CR2E034 (10/03)																									
City & State		City & State <b>FLA.</b>		4. FEI Number <b>59-1934012</b>																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
Zip <b>34429</b>		Country <b>CTRAS</b>		Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>DUCHARME, KENNETH D 7135 SUNRIPE LOOP CRYSTAL RIVER, FL 34429</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																													
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DUCHARME, KENNETH D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7135 SUNRIPE LOOP</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CRYSTAL RIVER, FL 34429</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	DUCHARME, KENNETH D		STREET ADDRESS	7135 SUNRIPE LOOP		CITY - ST - ZIP	CRYSTAL RIVER, FL 34429		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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50059986



**SIGNATURE** Kenneth D. Ducharme **7/30/05** **352-563-2992**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #