2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 632928

FILED Aug 04, 2005 8:00 am Secretary of State 08-04-2005 90005 002 ***550.00

1. Entity Name RAIN GUARD SEAMLESS GUTTERS, INC.					1-2003 3000	3 002 33	0.00
Principal Place of Business M.		Mailing Address	Mailing Address			-50059	1986
			CRYSTAL RIVER, FL 34429		1.7		_
2. Principal Pl	lace of Business	3. Mailing Address	ulf To Lake	<i>H</i> . W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/	
City & State		City & State			2	-	Applied For Not Applicable
Zip	Country	Zip 34429	Country Cr TRAS	5. Certificate of Sta	itus Desired	\$8.75 Fee Rec	Additional quired
	6. Name and Address of Curr	Name	7. Name and Address of New Registered Agent Name				
	ME, KENNETH D RIPE LOOP			Street Address (P.O. Box Number is Not Acceptable)			
	RIVER, FL 34429			N-			
			City			FL Zip	Code
		ent for the purpose of changing its re	egistered office or regis	stered agent, or both, in t	the State of Florid		with, and accept
<u> </u>	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: I	Registered Agent signature requ	red when reinstating)		DATE	
)	LE NOW!!! FEE IS \$550.0 ue by September 7, 2005	T		65.00 May Be added to Fees			
10.	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIREC	
NAME STREET ADDRESS CITY-ST-ZIP	DUCHARME, KENNETH D 7135 SUNRIPE LOOP CRYSTAL RIVER, FL 34429	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP			L Cik	uiĝe 🗖 Addition
TITLE	10.00	☐ Delete	TITLE NAME			☐ Cha	ange
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE — NAME STREET ADDRESS CITY - ST- ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			- □ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Ch	ange Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Cha	ange 🔲 Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			Ch	ange Addition

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: