


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90015 003 ***150.00


DOCUMENT # 654993	
1. Entity Name MIKE'S GUTTERING, INC.	

Principal Place of Business 7408 DANA LIN CIR N FT MYERS FL 33197 US	Mailing Address 7408 DANA LIN CIR N FT MYERS FL 33917 US
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2. Principal Place of Business 2861 Work Dr Suite, Apt. #, etc. 3	3. Mailing Address 2861 Work Dr Suite, Apt. #, etc. 3
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City & State FT. Myers, FL	City & State FT. Myers, FL
Zip 33916 Country US	Zip 33916 Country US

03001461



MOORE CR2E034 (11/03)

4. FEI Number 59-1965759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHARPLESS, CAROL C PRES 7408 DANA-LIN CIR N. FORT MYERS FL 33917	
7. Name and Address of New Registered Agent Name Same - (New Address only) Street Address (P.O. Box Number is Not Acceptable) 245 LAS Palmas Blvd City N. FT. Myers FL 33903	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT SHARPLESS, CAROL C PDT 7408 DANA LIN CIR N. FT. MYERS FL 33917 <i>new Address →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 LAS Palmas Blvd N. FT. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHARPLESS, WILLIAM E V 7408 DANA LIN CIRCLE N. FT. MYERS FL 33917 <i>new Address →</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 LAS Palmas Blvd. N. FT. Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GEORGE A D 14026 MARQUETTE BLVD. FT. MYERS FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol C. Sharpless* **3-11-04** **239-543-1605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #