


**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      Mailing Address  
 7408 DANA LIN CIR      7408 DANA LIN CIR  
 N FT MYERS FL 33197      N FT MYERS FL 33917  
 US      US

03001461



MOORE CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 2861 Work Dr      2861 Work Dr  
 Suite, Apt. #, etc. 3      Suite, Apt. #, etc. 3

City & State      City & State  
 FT. Myers, FL      FT. Myers, FL  
 Zip      Country      Zip      Country  
 33916      US      33916      US

4. FEI Number      Applied For  
 59-1965759      Not Applicable  
 5. Certificate of Status Desired      \$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      Zip Code: 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2004. Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	PDT SHARPLESS, CAROL C PDT 7408 DANA LIN CIR N. FT. MYERS FL 33917 <i>New Address →</i>	<input type="checkbox"/> Delete
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>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GEORGE A D 14026 MARQUETTE BLVD. FT. MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	245 LAS PALMAS Blvd N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	245 LAS PALMAS Blvd. N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 #