

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654993

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: MIKE'S GUTTERING, INC.

## Current Principal Place of Business:

2861 WORK DR. #3  
FORT MYERS, FL 33916 US

## Current Mailing Address:

2861 WORK DR. #3  
FORT MYERS, FL 33916 US

## New Principal Place of Business:

2861 WORK DR.  
#3  
FORT MYERS, FL 33916 US

## New Mailing Address:

2861 WORK DR.  
#3  
FORT MYERS, FL 33916 US

FEI Number: 59-1965759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARPLESS, CAROL C PRES  
245 LAS PALMAS BLVD.  
NORTH FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

SHARPLESS, CAROL C PRES  
1225 BUENA VISTA DR.  
NORTH FORT MYERS, FL 33903 US

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.

SIGNATURE:

04/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: SHARPLESS, CAROL C PDT  
Address: 245 LAS PALMAS BLVD.  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: V ( ) Delete  
Name: SHARPLESS, WILLIAM E V  
Address: 245 LAS PALMAS BLVD.  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D ( ) Delete  
Name: DAVIS, GEORGE A D  
Address: 14026 MARQUETTE BLVD.  
City-St-Zip: FT. MYERS, FL 33905 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: SHARPLESS, CAROL C PDT  
Address: 1225 BUENA VISTA DR.  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: V (X) Change ( ) Addition  
Name: SHARPLESS, WILLIAM E V  
Address: 1225 BUENA VISTA DR.  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL C. SHARPLESS

PDT

04/23/2005

Electronic Signature of Signing Officer or Director

Date