


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90159 013 \*\*\*150.00

<b>DOCUMENT # J07042</b> 1. Entity Name <b>ARCHITECTURAL CAULKING, CO., INC.</b>	
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Principal Place of Business <b>1800 SW 13TH AVE BOYNTON BEACH, FL 33426</b>	Mailing Address <b>1800 SW 13TH AVE BOYNTON BEACH, FL 33426</b>
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**DO NOT WRITE IN THIS SPACE**

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2660432</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**FRY, WILLIAM  
1800 SW 13TH AVE  
BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
IN THIS SPACE**

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 WILLIAM FRY William Fry 6-10-05  
Signature, typed or printed name of registered agent and also applicable. (NOTE: Registered Agent signature required when requesting) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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	P FRY, WILLIAM 1800 SW 13TH AVE BOYNTON BEACH, FL 33426
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IN THIS SPACE**

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: William Fry 6-10-05 561-736-3086  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #