

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90183 033 \*\*\*150.00

**DOCUMENT # K44976**

1. Entity Name  
ISLAND SEAMLESS GUTTERS, INCORPORATED



Principal Place of Business  
2817 CENTRAL AVE  
BIG PINE KEY, FL 33043 US

Mailing Address  
3675 SOUTH SEAS ST.  
BIG PINE KEY, FL 33043

**50023668**



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0090433</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MILLER, ROBERT K.  
2975 OVERSEAS HWY  
MARATHON, FL 33050

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	GARDNER, TED A
STREET ADDRESS	3675 SOUTH SEAS ST.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	D
NAME	GARDNER, VICTORIA M
STREET ADDRESS	3675 SOUTH SEAS ST.
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	D
NAME	GARDNER, JOSEPH L
STREET ADDRESS	3667 S SEAS ST
CITY - ST - ZIP	BIG PINE KEY, FL 33043

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:** Victoria M. Gardner - Victoria M. Gardner 3/04/05 305-872-2228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR - Director - Date Daytime Phone #