

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0090433

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000401514
02/02/06-80048-005 158.75**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARDNER, JOSEPH L
3667 S SEAS ST
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 exemptions contained in Chapter 119, 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/director 1-23-06/305 872-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #