

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62891

FILED  
Jun 02, 2004  
Secretary of State

Entity Name: SUNCOAST SOFFIT SPECIALTIES, INC.

**Current Principal Place of Business:**

2108 LAURA LANE  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

2108 LAURA LANE  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

FEI Number: 65-0159023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT MONTALTO  
2108 LAURA LANE  
LEHIGH ACRES, FL 33971 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MONTALTO, SCOTT,  
Address: 2108 LAUREL LANE  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D ( ) Change (X) Addition  
Name: OXENDINE, ROBERT P  
Address: 17591 SABAL PALM DR  
City-St-Zip: N FT MYERS, FL 33917 US

Title: D ( ) Change (X) Addition  
Name: VANDYKEN, ERIC J  
Address: 17561 SALE PALM DR  
City-St-Zip: N FT MYERS, FL 33917 US

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: SCOTT MONTALTO

DP

06/02/2004

Electronic Signature of Signing Officer or Director

Date