

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M90292

1. Entity Name
ACCENT ALUMINUM & VINYL, INC.



Principal Place of Business

**1991 LENMORE DRIVE
PALM BCH GARDENS, FL 33410**

Mailing Address

**1991 LENMORE DRIVE
PALM BCH GARDENS, FL 33410**



07252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0064433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GELINAS, GUY M.
1991 LENMORE DRIVE
PALM BCH GARDENS, FL 33410**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME GELINAS, GUY M.
STREET ADDRESS 1991 LENMORE DRIVE
CITY-ST-ZIP PALM BCH. GRDN., FL 33410

TITLE TD
NAME GELINAS, GUY M.
STREET ADDRESS 1991 LENMORE DRIVE
CITY-ST-ZIP PALM BCH. GRDN., FL 33410

TITLE VM
NAME GELINAS, DARLENE A
STREET ADDRESS 1991 LENMORE DRIVE
CITY-ST-ZIP PALM BCH. GRDN., FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000376737
08/19/05-800004-005 550.00

**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:

Guy Gelinas Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-17-05 (561)744-7214
Daytime Phone #