## 2007 FOR PROFIT CORPORATION ANNUAL REPORT 🗠

30

CITY-ST-ZIP

## Sep 11, 2007 8:00 am Secretary of State 09-11-2007 90006 021 \*\*\*150.00 DOCUMENT # P0000001327 SOUTHWEST SOFFIT & SIDING INC. Principal Place of Business Majting Address Majting Address MAPLES, FL. 34117 MAPLES, FL. 34117 MAPLES, FL. 34117 Principal Place of Business LAKE PINCID, H 06032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3617440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent RODGERS, RAYMOND L DO NOT WRITE 1776-28-STREET-SW 3/39 LARE JUNE BLUCK IN THIS SPACE LAKE PLACID, 41. 33852 8. The above name of filly 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE <del>ROGERS, RAYMON</del>D L NAME STREET ADDRESS 4776 28RD:ST:SW CITY-ST-ZIP NAPLES, FL 34117 TITLE Paesideut RAYMOND Rodgers 3139 LAKE JUNE Blud. STREET ADDRESS CITY-ST-ZIP Ala Pincid NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

L RODGERS

**FILED**