

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000025510

1. Entity Name
SONS/SHINE SIDING, INC.



Principal Place of Business
6905 SE 107TH PLACE
BELLEVUE, FL 34420

Mailing Address
6905 SE 107TH PLACE
BELLEVUE, FL 34420



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3631743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAQUILLAN, CHRISTOPHER
6905 SE 107TH PLACE
BELLEVUE, FL 34420

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000803452
02/05/08-80025-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAQUILLAN, CHRISTOPHER
STREET ADDRESS 6905 SE 107TH PLACE
CITY-ST-ZIP BELLEVUE, FL 34420

TITLE CEO
NAME MAQUILLAN, CHRISTOPHER
STREET ADDRESS 6905 SE 107TH PLACE
CITY-ST-ZIP BELLEVUE, FL 34420

TITLE STD
NAME MAQUILLAN, MARYALICE
STREET ADDRESS 6905 SE 107TH PL
CITY-ST-ZIP BELLEVUE, FL 34420

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:

Chris Maquillan President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/08 352-347-9944
Date Daytime Phone