2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076537

Name:

Address:

City-St-Zip:

() Delete

COURNOYER, MINDY B

LECANTO, FL 34461

5175 W HOMOSASSA TRL

Entity Name: CITRUS ALUMINUM & HOME IMPROVEMENT, INC.

FILED Jan 17, 2008 Secretary of State

| • | | | | , | | | | |
|---|---|----------------------|-----------------|---|---|-----------------------------|------------|--|
| Current Principal Place of Business: | | | | New Princ | New Principal Place of Business: | | | |
| | OMOSASS , FL 34461 | | | | | | | |
| Current Mailing Address: | | | | New Maili | New Mailing Address: | | | |
| | OMOSASS , FL 34461 | | | | | | | |
| FEI Number: 59-3667448 FEI Number Applied | | | plied For() | FEI Number Not Applicable () Certificate of Status Desired () | | | ed () | |
| Name and Address of Current Registered Agent: | | | | Name and | Name and Address of New Registered Agent: | | | |
| The above | e of Florida. | ity submits this sta | ement for the p | urpose of changing i | ts registered | office or registered agent, | , or both, | |
| Electronic Signature of Registered Agent | | | | ent | Date | | | |
| Election Car | npaign Finan | cing Trust Fund Cont | ribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | D C. DENNIS 5175 W HC LECANTO, | MOSASSA TRL | | Title: Name: Address: City-St-Zip: | P (C. DENNIS C 5175 W HOM LECANTO, FL | OSASSA TRL | | |
| Title: Name: Address: City-St-Zip: | D FUSCO, FR 5175 W HC LECANTO, | MOSASSA TRL | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | | |
| Title: | S | () Delete | | Title: | (|) Change () Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MINDY COURNOYER SEC 01/17/2008

() Change () Addition