



2005 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | | | |
|---|--|---------------------|---------|--|---|---|--|
| DOCUMENT # P00000097556 1. Entity Name CUSTOM GUTTER CORPORATION, INC. | | | |  | | FILED 05 AUG 31 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FL | |
| Principal Place of Business 3419 WHIPPOORWILL DR. TALLAHASSEE, FL 32310 | | | | Mailing Address 3419 WHIPPOORWILL DR. TALLAHASSEE, FL 32310 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 4. FEI Number 59-3679857 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| DAVIS, WEST 3419 WHIPPOORWILL DR. TALLAHASSEE, FL 32310 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City FL Zip Code | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| | | | | 200059387642 09/07/05--01026--014 **150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DAVIS, WEST 3419 WHIPPOORWILL DR. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DAVIS, EVELYN D 3419 WHIPPOORWILL DR. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <u>Evelyn Davis, Vice President</u> <u>8/31/05</u> <u>575 2800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |