

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097556

1. Entity Name
CUSTOM GUTTER CORPORATION, INC.



Principal Place of Business
3419 WHIPPOORWILL DR.
TALLAHASSEE, FL 32310

Mailing Address
3419 WHIPPOORWILL DR.
TALLAHASSEE, FL 32310

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3679857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DAVIS, WEST
STREET ADDRESS 3419 WHIPPOORWILL DR.
CITY- ST- ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME **600109388196**
STREET ADDRESS **09/12/07--01025--004 **150.00**
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME DAVIS, EVELYN D
STREET ADDRESS 3419 WHIPPOORWILL DR.
CITY- ST- ZIP TALLAHASSEE, FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Evelyn Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-07

\$

Date

Daytime Phone #