

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 044 ***150.00

DOCUMENT # P01000096267																																																																				
1. Entity Name SIDING SYSTEMS INC.																																																																				
Principal Place of Business 3112 WESSEX STREET ORLANDO, FL 32803			Mailing Address 3112 WESSEX STREET ORLANDO, FL 32803																																																																	
2. Principal Place of Business			3. Mailing Address 2601 E Michigan St.																																																																	
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																	
City & State			City & State Orlando FL																																																																	
Zip	Country	Zip	Country	4. FEI Number 59-3746866 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																
32806	USA	32806	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																
6. Name and Address of Current Registered Agent O'CONNOR, MICHAEL 3112 WESSEX STREET ORLANDO, FL 32803				7. Name and Address of New Registered Agent																																																																
				Name																																																																
				Street Address (P.O. Box Number is Not Acceptable)																																																																
				City																																																																
				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: <u><i>M. O'Connor</i></u> MICHAEL O'CONNOR President 8/15/05 <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		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'CONNOR, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3112 WESSEX STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO, FL 32803</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	O'CONNOR, MICHAEL		STREET ADDRESS	3112 WESSEX STREET		CITY - ST - ZIP	ORLANDO, FL 32803																							TITLE	NAME	<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><i>M. O'Connor</i></u> MICHAEL O'CONNOR President 8/15/05 407 228-6448 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																				

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