

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000051940 1. Entity Name VINYL SIDING HANGERS, INC.						FILED 05 JAN 14 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32308				Mailing Address 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32308			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DR. SUITE 108 TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 02-0599498			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable			
\$8.75 Additional Fee Required				11242004 Chg-P CR2E034 (10/03)			
Amended AR is \$61.25				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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
V CLERVAL, JIM 1543 BALKIN RD TALLAHASSEE, FL 32305				Secretary Tracey Badford 1543 Balkin Rd Tallahassee, FL 32305			
D COMPTON, JEREMY 1543 BALKIN RD TALLAHASSEE, FL 32305				400045106464 01/20/05--01039--026 **61.25			
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			