

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066389

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: PROFESSIONAL GUTTERS, INC.

## Current Principal Place of Business:

6626 ARTUDO LANE  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

6226 ARTUDO LANE  
JACKSONVILLE, FL 32244

## Current Mailing Address:

6626 ARTUDO LANE  
JACKSONVILLE, FL 32244

## New Mailing Address:

6226 ARTUDO LANE  
JACKSONVILLE, FL 32244

FEI Number: 20-0043422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADISON, PAULETTE  
6626 ARTUDO LANE  
JACKSONVILLE, FL 32244 US

## Name and Address of New Registered Agent:

MADISON, PAULETTE  
6226 ARTUDO LANE  
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: PAULETTE MADISON

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MADISON, PAULETTE  
Address: 6626 ARTUDO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP ( ) Delete  
Name: MADISON, DONALD W  
Address: 6626 ARTUDO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MADISON, PAULETTE  
Address: 6226 ARTUDO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Change ( ) Addition  
Name: MADISON, DONALD W  
Address: 6226 ARTUDO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Change (X) Addition  
Name: GRIMES, CHRIS  
Address: 8141 KILWINNING LANE  
City-St-Zip: JACKSONVILLE, FL 32244

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

SIGNATURE: PAULETTE MADISON

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date