
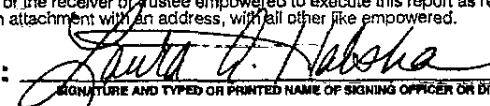


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # PQ3000084141 1. Entity Name GLENN'S EXTERIOR HOME FINISHINGS, INC.		
Principal Place of Business 8623 ALAN AVE. NORTH PORT, FL 34287	Mailing Address 8623 ALAN AVE. NORTH PORT, FL 34287	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HARSHA, LAURA 8623 ALAM AVENUE NORTH PORT, FL 34287		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
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.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARSHA, LAURA 8623 ALAM AVENUE NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARSHA, GLENN F 8623 ALAN AVE. NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  8-29-05 941-266-0378 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



08292005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0486799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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09/01/05-80062-004 150.00