
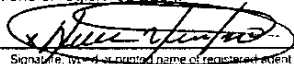
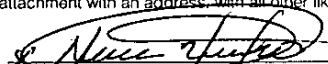


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90059 029 \*\*\*158.75

<b>DOCUMENT # P03000095869</b> 1. Entity Name <b>PERFORMANCE GUTTERS ,INC.</b>					
Principal Place of Business <b>840-H MEADOWLAND DRIVE NAPLES, FL 34108 US</b>			Mailing Address <b>840-H MEADOWLAND DRIVE NAPLES, FL 34108 US</b>		
2. Principal Place of Business <b>1068 INDUSTRIAL BLVD.</b>		3. Mailing Address <b>1068 INDUSTRIAL BLVD.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES FL.</b>		City & State <b>NAPLES FL.</b>		4. FEI Number <b>20-0191561</b>	
Zip <b>34104</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				01182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>VASQUEZ, MAURO S SR 840-H MEADOWLAND DRIVE NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>NICANOR URRUTIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1068 INDUSTRIAL BLVD.</b> City <b>NAPLES</b> FL <b>34104</b>		
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:  DATE: <b>01-18-2005</b> <small>Signature, word, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>URRUTIA, NICANOR</b> <b>840-H MEADOWLAND DRIVE.</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VASQUEZ, MAURO S</b> <b>840-H MEADOWLAND DRIVE</b> <b>NAPLES, FL 34108</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>01-18-05</b> (239)825-6169 <small>Daytime Phone #</small>		

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