

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90281 037 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                    |                                                                                                                               |                                                                              |  |
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| <b>DOCUMENT # P03000098705</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <b>1. Entity Name</b><br>D & K GUTTER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <b>Principal Place of Business</b><br>1105 PLANT TERRACE<br>NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                    | <b>Mailing Address</b><br>PO BOX 7285<br>NORTH PORT, FL 34286                                                                 |                                                                              |  |
| <b>2. Principal Place of Business</b><br>1269 Rasp Ct<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | <b>3. Mailing Address</b><br>1269 Rasp Ct<br>Suite, Apt. #, etc.   |                                                                                                                               |                                                                              |  |
| <b>City &amp; State</b><br>North Port, FL<br>Zip 34288 Country USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | <b>City &amp; State</b><br>North Port, FL<br>Zip 34288 Country USA |                                                                                                                               | <b>4. FEI Number</b><br>13-4265273                                           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                    |                                                                                                                               | <b>Applied For</b><br>Not Applicable                                         |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ALLEN, DAVID<br>1105 PLANT TERRACE<br>NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name: Allen, David C.<br>Street Address (P.O. Box Number is Not Acceptable):<br>1269 Rasp Ct<br>City: North Port FL Zip Code: 34288                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <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.</b><br>SIGNATURE: <u>David C. Allen</u> <b>DAVID C. ALLEN</b> DATE: <u>4/15/05</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                       |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                  |                                                                              |  |
| TITLE: D<br>NAME: ALLEN, DAVID C<br>STREET ADDRESS: 1105 PLANT TERRACE<br>CITY-ST-ZIP: NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete |                                                                    | TITLE: D<br>NAME: Allen, David C.<br>STREET ADDRESS: 1269 Rasp Ct.<br>CITY-ST-ZIP: North Port, FL 34288                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: D<br>NAME: ALLEN, KAREN S<br>STREET ADDRESS: 1105 PLANT TERRACE<br>CITY-ST-ZIP: NORTH PORT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete |                                                                    | TITLE: D<br>NAME: Allen, Karen S.<br>STREET ADDRESS: 1269 Rasp Ct.<br>CITY-ST-ZIP: North Port, FL 34288                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                                    | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                                    | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete |                                                                    | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>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.</b> |                                 |                                                                    |                                                                                                                               |                                                                              |  |
| <b>SIGNATURE:</b> <u>Karen S. Allen</u> <b>Karen S. Allen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                    | Date: <u>4-15-05</u> Daytime Phone #: <u>941-586-6011</u>                                                                     |                                                                              |  |