


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90108 016 ***158.75

DOCUMENT # P03000114107	
1. Entity Name DAREK VINYL SIDING, INC.	

Principal Place of Business 7715 ARMONDA DR. NAVARRE, FL 32566	Mailing Address 7715 ARMONDA DR. 909 MAR WALT DRIVE, SUITE 1014 NAVARRE, FL 32566
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2. Principal Place of Business 7715 RAMONA DR	3. Mailing Address 7715 RAMONA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAVARRE, FL	City & State NAVARRE, FL
Zip 32566	Zip 32566
Country	Country

40056661



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 90-0127501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUNDERA, DARIUSZ 7715 RAMONA DR NAVARRE, FL 32566	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Dariusz Kundera	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNDERA, DARIUSZ 7715 RAMONA DRIVE NAVARRE, FL 32566
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: Dariusz Kundera	Date 4/17/06