2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000116401

1. Entity Name
BRIAN KIBLER SIDING, INC.

Principal Place of Business	Mailing Address
170 WILLOW RUN	170 WILLOW RUN
ORMOND BEACH, FL 32174	ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0332904	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIBLER, BRIAN
170 WILLOW RUN
ORMOND BEACH, FL 32174

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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 _____ BRIAN J. KIBLER PRESIDENT_____ 4/7/2008
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

04/21/08-80008-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KIBLER, BRIAN
STREET ADDRESS	170 WILLOW RUN
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	VP
NAME	KIBLER, BARRY J
STREET ADDRESS	708 SUNVIEW PLACE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ BRIAN KIBLER, PRESIDENT_____ 4/7/2008 386-673-1762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #