

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90043 020 \*\*\*158.75

**DOCUMENT # P03000123925**

1. Entity Name

AFFORDABLE GUTTERS BY KYLE MULDER, INC.



Principal Place of Business

146 PONDELLA RD  
N FT MYERS FL 33903

Mailing Address

146 PONDELLA RD  
N FT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0098071

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULDER, KYLE  
146 PONDELLA RD  
N FT MYERS FL 33903

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BP** ☐ Delete  
NAME MULDER, KYLE  
STREET ADDRESS 15811 JADE CT N  
CITY-ST-ZIP N FT MYERS FL 33917

TITLE **BS** ☐ Change ☒ Addition  
NAME Mulder, Sherr  
STREET ADDRESS 5645 Foxlake Dr  
CITY-ST-ZIP N. FT. Myers, FL 33917

TITLE **VP** ☐ Delete  
NAME LAYNE, COLLIN  
STREET ADDRESS 1417 NE 15 TER  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☐ Delete  
NAME MULDER, NEIL  
STREET ADDRESS 1829 SE 2 TER  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Kyle Mulder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

239-671-5784

Daytime Phone #