


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000123925 1. Entity Name AFFORDABLE GUTTERS BY KYLE MULDER, INC.	
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Principal Place of Business 1318 LAUREL DR N FT MYERS, FL 33917	Mailing Address 1318 LAUREL DR N FT MYERS, FL 33917
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02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0098071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MULDER, KYLE 1318 LAUREL DR N FT MYERS, FL 33917
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**DO NOT WRITE
IN THIS SPACE**

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

000000643146
03/01/07-80075-001 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULDER, KYLE 15811 JADE CT N N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYNE, COLLIN 1417 NE 15 TER CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULDER, NEIL 1829 SE 2 TER CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULDER, SHERRI 5645 FOXLAKE DR. NORTH FORT MYERS, FL 33917
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sherr Mulder **Sherr Mulder**

2-19-07

239-671-5784