2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # P03000124275** 03-21-2005 90105 004 ***150.00 LEAVINES SIDING COMPANY, INC. Principal Place of Business Mailing Address 2170 DEER RUN ROAD ST. AUGUSTINE FL 32086 2170 DEER RUN ROAD ST. AUGUSTINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0367951 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL, CHARLES E-Street Address (P.O. Box Number is Not Acceptable) 77 ALMERIA STREET ST. AUGUSTINE FL 32084 City 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 Sgreture, typed or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Ba \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D, S,T UNE ☐ Defeta TIFLE Change Addition Leavines, David L. Smiar NAME LEAVINES, DAVID L S. NAME 2170 Deer Run Ra. STREET ADORESS 2170 DEER RUN ROAD STREET ADDRESS St. Augustine, FL 32086 CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-70P TITLE D.P TITLE ☐ Delete Change ☐ Addition Leavines Jr., David L. LEAVINES, DAVID L JR. NUME NAME STREET ADDRESS 2170 DEER RUN ROAD STREET ADDRESS 2170 Deer Aus Ra. CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP St. Augustine, FL 32086 D, VP TITLE Delete TITLE ☐ Change Addition Frances Jr., Robert FRANCES, ROBERT JR. NAME NAME 2170 Deer Run Ad. STREET ADORESS 2170 DEER RUN ROAD STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ST. AUGUSTINE FL 32088 31. Augustine FL 32080 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP TITLE ☐ Delete nπ≸ ☐ Change □ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. Thereby 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 algorithms shall have the same legal effect as if made under cath; 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 in changed, or on an attachment with an address, with all other like empowered. changed, or on an attackment with an address, with all other like empoy SIGNATURÉ:

O TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

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