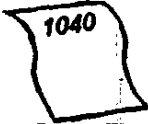


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 019 \*\*\*150.00

<b>DOCUMENT # P03000128821</b>																	
<b>1. Entity Name</b> PRO SIDING, INC.																	
<b>Principal Place of Business</b> 3693 SCOGGINS STREET PACE, FL 32571 US			<b>Mailing Address</b> 3693 SCOGGINS STREET PACE, FL 32571 US														
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		Country													
<b>6. Name and Address of Current Registered Agent</b> THOMPSON, DAVID P 3693 SCOGGINS STREET PACE, FL 32571																	
<b>7. Name and Address of New Registered Agent</b>																	
Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City																	
State <b>FL</b>																	
Zip Code																	
<b>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.</b>																	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reconstituting)																	
Signature, typed or printed name of registered agent and title if applicable.																	
DATE																	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>																	
<b>9. Election Campaign Financing</b>																	
Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
<b>10. OFFICERS AND DIRECTORS</b>																	
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<b>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.</b>																	
<b>SIGNATURE:</b> <i>David P. Thompson</i> <span style="float: right;">7-6-04</span>																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	



*Attachment*

66431749

**Betty A. Holley, E.A.**

Since 1972 | 693 Brent Lane  
Pensacola, FL 32503  
(850) 475-1040 • FAX (850) 475-2506

*#P03000128821*

July 7, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Pro Siding, Inc.  
FEIN: 20-0400240  
2004 FL Annual Report

Dear Sir or Madam,

Enclosed please find annual report and \$150.00 check in payment of same for the above-referenced corporation. We realize the form and payment are late, however, Mr. Thompson did not receive the form at all. He came into my office around the middle of May and I told him about the Annual report and downloaded same for him. He has also changed bank accounts during this time period. This is when the first check he sent was returned.

We are sending the enclosed \$150.00 and requesting that the late payment fine be waived. This is the first time Mr. Thompson has had to file a corporate annual report and assures you he will not be late again. Should you have any questions or need additional information, please do not hesitate to contact me at the address or phone number shown above. Your most favorable consideration in this matter is greatly appreciated.

Sincerely,

*Betty A. Holley*  
BETTY A. HOLLEY  
Enrolled Agent