


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90062 022 \*\*\*150.00

<b>DOCUMENT # P03000135501</b>	
1. Entity Name <b>CLIFFORDS VINYL SIDING, INC</b>	

Principal Place of Business <b>5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b>	Mailing Address <b>5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b>
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2. Principal Place of Business - No P.O. Box # <b>8008 Ridgehill View Rd</b>	3. Mailing Address <b>8008 Ridgehill View Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32210</b>	Zip <b>32210</b>
Country <b>US</b>	Country <b>US</b>

05042007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent <b>MELTON, THERESA 5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b>	
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7. Name and Address of New Registered Agent	
Name <b>Theresa Clifford</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8008 Ridgehill View Rd</b>	
City <b>Jacksonville FL</b>	Zip Code <b>32210</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.	
SIGNATURE <b>Theresa Clifford</b>	DATE <b>5-3-07</b>

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MELTON, THERESA 5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLIFFORD, PATRICK 5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GARUTI, ED 5953 RIDGEWAY ROAD EAST JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Clifford Theresa 8008 Ridgehill View Rd Jacksonville FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Clifford, Patrick 8008 Ridgehill View Rd. Jacksonville FL 32210</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Garuti Ed 8008 Ridgehill View Rd Jacksonville FL 32210</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Theresa Clifford</b>	DATE: <b>5-3-07</b>	DAYTIME PHONE #: <b>904-449-9018</b>
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The website was overloaded on the first and second of May and a Agent on the Internet Help site said to write this note on here so you would know we tried to file on time, and you would waive the 400.00 fee.

ATTACHMENT

40106979  
#003000135501

# MARRIAGE CERTIFICATE

STATE OF GEORGIA

COUNTY OF

CHARLTON

TO ANY JUDGE OR MINISTER OF THE GOSPEL

You Are Hereby Authorized to Join

PATRICK JAMES CLIFFORD (W-34) and THERESA LYNN MELTON (W-32)  
in the Holy State of Matrimony, according to the Constitution and laws of this State and for so doing this shall be your license. And you  
are hereby required to return this license to me, with your Certificate hereon of the fact and date of the Marriage, within thirty days after  
the date of said Marriage.

Given under my hand and Seal, this 25TH day of MAY, 2005

ROBERT F. PHILLIPS, PROBATE JUDGE

STATE OF GEORGIA

*Certificate*

CHARLTON COUNTY

I Certify that PATRICK JAMES CLIFFORD and THERESA LYNN MELTON were joined in

Matrimony by me this 25TH day of MAY, 2005

Recorded MAY 25TH, 2005

ROBERT F. PHILLIPS, PROBATE JUDGE ELDER JOHN WESLEY SCOTT, MINISTER  
(Presiding Minister)

This is to certify that the above is a true and correct copy of the original Marriage Record of

PATRICK JAMES CLIFFORD and THERESA LYNN MELTON as it

appears in my office in Book No. 411 on Marriage Record Page 82

Witness my hand and Seal this 25TH day of MAY, 2005

Robert F. Phillips, Jr. (Signature)

