


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

06-10-2008 90179 001 \*\*\*150.00  
 06-10-2008 90179 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000137189</b>	
1. Entity Name CUSTOM GUTTERS OF NW FLORIDA, INC.	

Principal Place of Business P.O. BOX 856 GONZALEZ, FL 32560	Mailing Address P.O. BOX 856 GONZALEZ, FL 32560
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2. Principal Place of Business - No P.O. Box # <b>615 Childers Street</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Pensacola, Florida</b>	City & State

4. FEI Number <b>03-0531315</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SELLARS, LLOYD R 615 CHILDERS ST. GONZALEZ, FL 32560</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELLARS, LLOYD R 615 CHILDERS ST. GONZALEZ, FL 32560	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SELLARS, MELINDA G 615 CHILDERS ST. GONZALEZ, FL 32560	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Lloyd Sellars Lloyd Sellars 6-4-08 850(449-3045)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**66013974**



05212008 Chg-P CR2E034 (12/06)