


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P03000141322 1. Entity Name WILLIAMSON VINYL SIDING, INC.																																										
Principal Place of Business 5208 HIGHWAY 178 MILTON, FL 32570	Mailing Address 5208 HIGHWAY 178 MILTON, FL 32570																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent WILLIAMSON, CHARLES E 5208 HIGHWAY 178 MILTON, FL 32570		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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">D</td> </tr> <tr> <td>NAME</td> <td>WILLIAMSON, CHARLES E</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5208 HIGHWAY 178</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MILTON, FL 32570</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>BURGESS, GERALD III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5208 HIGHWAY 178</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MILTON, FL 32570</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>WILLIAMSON, BETTY R</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5208 HIGHWAY 178</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MILTON, FL 32570</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D	NAME	WILLIAMSON, CHARLES E	STREET ADDRESS	5208 HIGHWAY 178	CITY-ST-ZIP	MILTON, FL 32570	TITLE	D	NAME	BURGESS, GERALD III	STREET ADDRESS	5208 HIGHWAY 178	CITY-ST-ZIP	MILTON, FL 32570	TITLE	D	NAME	WILLIAMSON, BETTY R	STREET ADDRESS	5208 HIGHWAY 178	CITY-ST-ZIP	MILTON, FL 32570	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	D																																									
NAME	WILLIAMSON, CHARLES E																																									
STREET ADDRESS	5208 HIGHWAY 178																																									
CITY-ST-ZIP	MILTON, FL 32570																																									
TITLE	D																																									
NAME	BURGESS, GERALD III																																									
STREET ADDRESS	5208 HIGHWAY 178																																									
CITY-ST-ZIP	MILTON, FL 32570																																									
TITLE	D																																									
NAME	WILLIAMSON, BETTY R																																									
STREET ADDRESS	5208 HIGHWAY 178																																									
CITY-ST-ZIP	MILTON, FL 32570																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
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: <i>Charles E. Williamson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/06 (850) 675-5926 <small>Date Daytime Phone #</small>																																								



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0455641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000545764
05/11/06-80090-014 150.00

**DO NOT WRITE
IN THIS SPACE**