

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000141825

1. Entity Name
BOBBY WATTS VINYL SIDING, INC.



Principal Place of Business
5415 POPLAR HEAD CHURCH RD
HOLT, FL 32564

Mailing Address
5415 POPLAR HEAD CHURCH RD
HOLT, FL 32564

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08122005

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0398341

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATTS, BOBBY
5415 POPLAR HEAD CHURCH RD
HOLT, FL 32564

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WATTS, BOBBY
5415 POPLAR HEAD CHURCH RD
HOLT, FL 32564
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LONNIE WATTS
5415 POPLAR HEAD CHURCH ROAD
HOLT, FL 32564
☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ZELM, WALDEMAR JR.
5415 POPLAR HEAD CHURCH RD
HOLT, FL 32564
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600058693796
08/17/05--01040--004 **70.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: BOBBY WATTS 8-13-05 217-4085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #