

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90001 006 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                                                                                      |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>DOCUMENT # P03000142708</b><br>1. Entity Name<br>JP NOEL VINYL SIDING, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                     |                                                                |
| Principal Place of Business<br>4510 W JACKSON<br>PENSACOLA, FL 32506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                | Mailing Address<br>617 CITRUS STREET<br>PENSACOLA, FL 32506                                                                          |                                                                |
| 2. Principal Place of Business<br>617 CORONDELAY DR<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                | 3. Mailing Address<br>SAME<br>Suite, Apt. #, etc.                                                                                    |                                                                |
| City & State<br>Pens FLA<br>Zip<br>32506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | City & State<br>Pens FLA<br>Zip<br>32506                                                                                             |                                                                |
| Country<br>ESCAMBIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | Country<br>FL                                                                                                                        |                                                                |
| 4. FEI Number<br>20-0457672                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                | Applied For<br>Not Applicable                                                                                                        |                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | 05022005 Chg-P CR2E034 (10/03)                                                                                                       |                                                                |
| 6. Name and Address of Current Registered Agent<br><br>JOHN PHARR CPA, LLC<br>1306 E CERVANTES STREET<br>F<br>PENSACOLA, FL 32501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |                                                                                                                                      |                                                                |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                         |                                                                |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 10. OFFICERS AND DIRECTORS                                                                                                           |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P<br>NOEL, JAMES P<br>617 CITRUS STREET<br>PENSACOLA, FL 32506 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                | P<br>NOEL, JAMES P<br>617 CORONDELAY DR<br>PENSACOLA FLA 32506 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>COOKE, JON W<br>617 CITRUS STREET<br>PENSACOLA, FL 32506  | S<br>COOKE, JON W<br>617 CORONDELAY DR<br>PENSACOLA FLA 32506                                                                        | S<br>COOKE, JON W<br>617 CORONDELAY DR<br>PENSACOLA FLA 32506  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP             |
| 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: <u>James Noel</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | 9/6/05 850-382-0120<br><small>Date Daytime Phone #</small>                                                                           |                                                                |