


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT# P03000145677

1. Entity Name
JOHN'S SIDING & SOFFIT INC.



| | |
|---|---|
| Principal Place of Business 8230 SEVIGNY DR. N. FT. MYERS, FL 33917 | Mailing Address 8230 SEVIGNY DR. N. FT. MYERS, FL 33917 |
|---|---|



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-0455216 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHEPHERD, JOHN D JR.
 8230 SEVIGNY DR.
 N. FT. MYERS, FL 33917

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000477051
 04/06/06-80035-024 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHEPHERD, JOHN D 8230 SEVIGNY DR. N. FT. MYERS, FL 33917 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SHEPHERD, WENDY 8230 SEVIGNY DR. N. FT. MYERS, FL 33917 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHEPHERD, JOHN D SR 4109 28TH ST., SW LEHIGH ACRES, FL 33971 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: John D Shepherd Date: 3-16-06 Daytime Phone #: 239-731-3717