

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/26/2004-90058-001-\$150.00-\$150.00 *

8/26/2004-90058-002-\$8.75-\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000147012			
1. Entity Name M&T VINYL SIDING, INC			
Principal Place of Business 600 WILLIAM HOOPER STREET ORANGE PARK, FL 32073 US		Mailing Address 600 WILLIAM HOOPER STREET ORANGE PARK, FL 32073 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOHN D. DAVIS 4543 WESTCONNETT BLVD JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent Name SAME 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 electing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 507.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President THOMAS, WILLIAM M JR 600 WILLIAM HOOPER STREET ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Michael Thomas ☐ Change ☒ Addition 600 William Hooper St Orange Park FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vice President LLOYD, HAMILTON B 600 WILLIAM HOOPER STREET ORANGE PARK, FL 32073 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	operations manager ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Financial Advisor THOMAS, MADALEN D 600 WILLIAM HOOPER STREET ORANGE PARK, FL 32073 ☐ 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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ 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 507, 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: Madalen D Thomas		8-24-04	
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	