


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90118 008 ***150.00

DOCUMENT # P03000149948	
1. Entity Name GULF COAST SOFFIT, FASCIA & SIDING INC.	

Principal Place of Business 5947 MILNE CIR. NORTH FORT MYERS, FL 33903 US	Mailing Address 5947 MILNE CIR. NORTH FORT MYERS, FL 33903 US
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44002040



2. Principal Place of Business 127 Dow Ln	3. Mailing Address 127 Dow Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07132004 Chg-P CR2E034 (10/03)

City & State N. Ft. Myers, FL	City & State N. Ft. Myers, FL
Zip 33917	Zip 33917
Country USA	Country USA

4. FEI Number 45-0530509	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA INCORPORATOR 2045 HYDE PARK STREET SUITE 1 SARASOTA, FL 34239	
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7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City FL Zip Code	
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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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARRY, ROBERT C		NAME Farry Robert C	
STREET ADDRESS 5947 MILNE CIR		STREET ADDRESS 127 Dow Ln	
CITY-ST-ZIP NORTH FORT MYERS, FL 33903		CITY-ST-ZIP N. Ft. Myers, FL 33917	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FARRY, ROBERT F		NAME	
STREET ADDRESS 1809 SE 37TH ST.		STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 33904		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLRED, GREG L		NAME	
STREET ADDRESS 72 1ST ST.		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS, FL 33907		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Robert C. Farry** **9-1-04** **(239) 656-2934**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #