

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000153621

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** THOMAS D. FISHER VINYL SIDING INC.

**Current Principal Place of Business:**

6421 ARLINGWOOD DR.  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6421 ARLINGWOOD DR.  
MILTON, FL 32570

**New Mailing Address:**

**FEI Number:** 56-2424552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENGLISH, JEAN  
6421 ARLINGWOOD DR.  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: THOMAS D. FISHER,  
Address: 6421 ARLINGWOOD DR.  
City-St-Zip: MILTON, FL 32570

Title: VP ( ) Delete  
Name: MELVIN, JOHN E  
Address: 26 MASON LN  
City-St-Zip: PENSACOLA, FL 32505

Title: SEC ( ) Delete  
Name: MCCRANEY, RICHARD M  
Address: 6402 SKYLINE DR.  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: MARK, BARTHOLOMEW H  
Address: 6421 ARLINGWOOD DR.  
City-St-Zip: MILTON, FL 32570

Title: VP (X) Change ( ) Addition  
Name: MCCRANEY, RICHARD M  
Address: 6402 SKYLINE DR.  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. FISHER

PRES

04/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date