2007 FOR PROFIT CORPORATION

Apr 12, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000158087 BUBBA'S VINYL SIDING REPAIR, INC. Mailing Address Principal Place of Business 3645 BALLESTERO DR.,N 3645 BALLESTERO DR.,N JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 CR2E034 (11/05) 01132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0567791 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STAKES, JESSE 3645 BALLESTERO DR., N JACKSONVILLE, FL 32257 IN THIS SPACE 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE STAKES, JESSE J NAME U00000701022 STREET ADDRESS 3645 BALLESTERO DR N 04/20/07-80038-022 150.00 JACKSONVILLE, FL 32257 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 addyss with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED