


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000000226</b>	
1. Entity Name <b>GUTTER PLUS ENTERPRISES, INC.</b>	

Principal Place of Business <b>169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903 US</b>	Mailing Address <b>169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903 US</b>
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04112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>99-0145437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHUMACHER, SHARON 169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903</b>
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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: Sharon Schumacher Sharon Schumacher 4/11/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHUMACHER, SHARON 169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHUMACHER, JOHN 169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCHUMACHER, SHARON 169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHUMACHER, SHARON 169 W. MARIANA AVENUE NORTH FORT MYERS, FL 33903
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04/16/05-80041-012 150.00

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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: Sharon Schumacher Sharon Schumacher (239) 549-8833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #