


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90068 032 \*\*\*150.00

<b>DOCUMENT # P04000008952</b> 1. Entity Name <b>HAND CUT SOFFIT &amp; SIDING SYSTEMS INC.</b>					
Principal Place of Business <b>19224 ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424</b>			Mailing Address <b>19224 ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424</b>		
2. Principal Place of Business <b>13803 SW CR 275</b> Suite, Apt. #, etc.		3. Mailing Address <b>13803 SW CR 275</b> Suite, Apt. #, etc.			
City & State <b>Blountstown, FL</b> Zip <b>32424</b> Country <b>USA</b>		City & State <b>Blountstown, FL</b> Zip <b>32424</b> Country <b>USA</b>		4. FEI Number <b>20-0701853</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, RAY 19224 ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, RAY</b> <b>19224 ELIJAH MORRIS RD</b> <b>BLOUNTSTOWN, FL 32424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILSON, RAY</b> <b>13803 SW CR 275</b> <b>Blountstown, FL 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILSON, JUDY</b> <b>19224 ELIJAH MORRIS RD</b> <b>BLOUNTSTOWN, FL 32424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILSON, JUDY</b> <b>13803 SW CR 275</b> <b>Blountstown, FL 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, MORGAN</b> <b>19224 ELIJAH MORRIS RD</b> <b>BLOUNTSTOWN, FL 32424</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILSON, MORGAN</b> <b>13803 SW CR 275</b> <b>Blountstown, FL 32424</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b> <u>Judy Wilson</u> <u>Judy Wilson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/11/05 (850) 674-6905 <small>Date Daytime Phone #</small>		