

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008952

FILED
May 04, 2008
Secretary of State

Entity Name: HAND CUT SOFFIT & SIDING SYSTEMS INC.

Current Principal Place of Business:

5258 NW CANDY LANE
ALTHA, FL 32421

New Principal Place of Business:

7745 NW PORTER GRADE RD
ALTHA, FL 32421

Current Mailing Address:

PO BOX 633
BLOUNTSTOWN, FL 32424

New Mailing Address:

7745 NW PORTER GRADE RD
ALTHA, FL 32421

FEI Number: 20-0701853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, RAY
5258 NW CANDY LANE
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

WILSON, RAY PTSC
5258 NW CANDY LANE
ALTHA, FL 32421 US

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: RAY WILSON

05/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, RAY
Address: 5258 NW CANDY LANE
City-St-Zip: ALTHA, FL 32421

Title: V () Delete
Name: WILSON, RAY
Address: 5258 NW CANDY LANE
City-St-Zip: ALTHA, FL 32421

Title: S () Delete
Name: WILSON, RAY
Address: 5258 NW CANDY LANE
City-St-Zip: ALTHA, FL 32421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RAY WILSON

PTSC

05/04/2008

Electronic Signature of Signing Officer or Director

Date