2008 FOR PROFIT CORPORATION

SIGNATURE: 1

Mar 18, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P04000013766** 02-13-2008 90022 027 ***150.00 1. Entity Name MIKE TURNER'S VINYL SIDING, INC. Principal Place of Business Mailing Address 66004255 **103 FULTON AVENUE 103 FULTON AVENUE** PENSACOLA, FL 32503 PENSACOLA, FL 32503 115 2. Principal Place of Business - No P.O. Box # 3. Malling Address 5261 Crowson Rd Same Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Pensacola FL 20-0634717 Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 32526 USA Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TURNER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5261 CrowSon Rd **103 FULTON AVENUE** PENSACOLA, FL 32503 Zip Code 325 2 6 Pensacola 8. The above named entity submig 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 IN (NOTE: Provisered Agent signesure required when reinstauru) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11 TETLE TITLE ☐ Addition ☐ Detete DCI Chance Mi Turner, Michael TURNER, MICHAEL NAME 5261 Crowson Rd. 4488 SKYLARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 CITY-ST-7/P Pensacola, FL 32526 Delete TITLE ☐ Change ☐ Addition ITTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-2P MILE ☐ Detete TITLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-22P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-70P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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. 850 5541854

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