

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000013789

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** KEN ELLEFSON SOFFIT AND FASCIA, INC.

**Current Principal Place of Business:**

441 BAYSHORE DRIVE  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

2675 CRAG ST  
FT MYERS, FL 33901 US

**Current Mailing Address:**

441 BAYSHORE DRIVE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

2675 CRAG ST  
FT MYERS, FL 33901 US

**FEI Number:** 33-1094703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ELLEFSON, KENNETH J  
441 BAYSHORE DRIVE  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

ELLEFSON, KENNETH J  
5715 STONEHAVEN DR  
N FT MYERS, FL 33903 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:** KENNETH ELLEFSON

10/05/2006

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: ELLEFSON, KENNETH J  
Address: 441 BAYSHORE DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: ELLEFSON, JENNIFER L  
Address: 441 BAYSHORE DRIVE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ELLEFSON, KENNETH J  
Address: 5715 STONEHAVEN DR  
City-St-Zip: N FT MYERS, FL 33903

Title: VP (X) Change ( ) Addition  
Name: ELLEFSON, JENNIFER L  
Address: 5715 STONEHAVEN DR  
City-St-Zip: N FT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the 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:** JENNIFER ELLEFSON

VP

10/05/2006

Electronic Signature of Signing Officer or Director

Date