

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/15/2005-90095-050-\$150.00-\$150.00

FILED

06 FEB 24 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000018752																											
1. Entity Name DAVE'S ALUMINUM SIDING INC.																											
Principal Place of Business 166 NW 18 ST HOMESTEAD FL 33030		Mailing Address 166 NW 18 ST HOMESTEAD FL 33030 <i>New Address</i> <i>20240 SW 3155T</i> <i>HOMESTEAD FL 33030</i>																									
2. Principal Place of Business <i>20240 SW 3155T</i>		3. Mailing Address <i>20240 SW 3155T</i>																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State <i>Homestead FL</i>		City & State <i>Homestead FL</i>																									
Zip <i>33030</i>		Country <i>USA</i>																									
4. FEI Number <i>59-211-630</i>		☒ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE FL 32302		7. Name and Address of New Registered Agent Name: <i>DAVID L. MURRAY</i> Street Address (P.O. Box Number is Not Acceptable): <i>20240 SW 3155T</i> City: <i>Homestead</i> FL Zip Code: <i>33030</i>																									
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: <i>David L. Murray</i> DATE: <i>6-6-05</i> Signature, by pastor or priest or other person of religious organization and fee 2 applicable (NOTE: Registered Agent signature required when registering)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MURRAY, DAVID L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>166 NW 18 ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>HOMESTEAD FL 33030</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	MURRAY, DAVID L		STREET ADDRESS	166 NW 18 ST		CITY-STATE-ZIP	HOMESTEAD FL 33030		<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE	D	☐ Delete																									
NAME	MURRAY, DAVID L																										
STREET ADDRESS	166 NW 18 ST																										
CITY-STATE-ZIP	HOMESTEAD FL 33030																										
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
TITLE		☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											
TITLE		☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-STATE-ZIP																											

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: *David L. Murray* DATE: *6-6-05* DAYTIME PHONE: *352-457-7781*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell MAR 1 2006