

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

09-14-2005 90001 007 \*\*\*150.00

<b>DOCUMENT # P04000021544</b> 1. Entity Name <b>ALL-RIGHT SIDING, INC.</b>			
Principal Place of Business <b>1514 FARM ROAD SEBRING, FL 33872</b>		Mailing Address <b>1514 FARM ROAD SEBRING, FL 33872</b>	
2. Principal Place of Business <b>120 Sharon AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>120 Sharon AVE.</b> Suite, Apt. #, etc.	
City & State <b>Sebring, Fla</b> Zip <b>33872</b> Country		City & State <b>Sebring, Fla.</b> Zip <b>33872</b> Country	
4. FEI Number <b>200509645</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIVINGSTON, ROBERT E 445 SOUTH COMMERCE AVENUE SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name <b>James Newbould</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 Sharon AVE.</b> City <b>Sebring</b> <b>FL</b> Zip Code <b>33872</b>	
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 <u>James Newbould</u> <u>James Newbould</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<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>D</b> <b>SMITH, ANTHONY</b> <b>1514 FARM ROAD</b> <b>SEBRING, FL 33872</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAZ, JUAN</b> <b>1514 FARM ROAD</b> <b>SEBRING, FL 33872</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEWBOULD, JAMES</b> <b>1514 FARM ROAD</b> <b>SEBRING, FL 33872</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: <u>James Newbould</u> <u>James Newbould</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>9-7-05</b>	Daytime Phone # <b>441-4545</b>

**50066744**



05092005 Chg-P CR2E034 (10/03)