2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 03, 2008 08:00 A DOCUMENT # P04000056154 1. Entity Name Secretary of State A CUT ABOVE SIDING & WINDOWS INC Principal Place of Business Mailing Address 975 FALCON DRIVE 975 FALCON DRIVE BAREFOOT BAY FL 32976 BAREFOOT BAY FL 32976 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0914574 Not Applicable Zφ Country Zω Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, MICHELLE L Street Address (P.O. Box Number is Not Acceptable) 975 FALCON DRIVE SEBASTIAN FL 32976 City Zip Code 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 agen michelle Meyers SIGNATURE FILE NOW!!! FEE-IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MYERS, MICHELLE NAME U00000844256 STREET ADDRESS 975 FALCON DRIVE STREET ADDRESS 03/12/08-80029-003 150.00 CITY-ST-ZIP BAREFOOT BAY FL 32976 CITY-ST-23P TITLE ☐ Delete TITLE Addition ☐ Change NAME MIKES, ROGER STREET ADDRESS 975 FALCON DR STREET ADDRESS CITY-ST-742 BAREFOOT BAY FL 32976 CITY-ST-ZIP TITLE De:ete TITLE □ Change ■ Addition NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP HTLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TIME ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZP TITLE ☐ De-ele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDIRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Michelle Meyers 2-29-08
SIGNATURE AND TYPED OR CERTAIN OFFICER OR DIRECTOR

Days no From Days no F

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is frue 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 not 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.