


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000104733 1. Entity Name CENTRAL FLORIDA GUTTERS INC. |  |
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|--|--|
| Principal Place of Business 19801 QUINELLA ST. ORLANDO, FL 32833 | Mailing Address 19801 QUINELLA ST. ORLANDO, FL 32833 |
|--|--|



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-1352676 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent CAMPBELL, KENT 19801 QUINELLA ST. ORLANDO, FL 32833 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUNN, JEFFREY M 6202 GREENGROVE BL CLERMONT, FL 34714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAMPBELL, KENT M 19801 QUINELLA ST ORLANDO, FL 32833 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BALLARD, JASON 113 POINCIANA LN. DELTONA, FL 32738 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/03/07-80057-010 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 fee empowered.

SIGNATURE: *Kent Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07 *407-947-9389*
Date Daytime Phone #