

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 25 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000110580

1. Entity Name
BURNS VINYL SIDING INC.



Principal Place of Business
2619 NORTH POINT CIRCLE
APT A
TALLAHASSEE, FL 32308

Mailing Address
2619 NORTH POINT CIRCLE
APT A
TALLAHASSEE, FL 32308

2. Principal Place of Business
1578 Twin Lakes Cir.

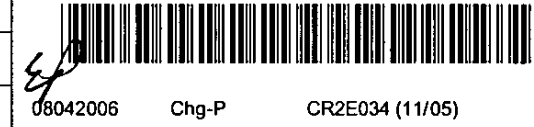
3. Mailing Address
1578 Twin Lakes Cir.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

Zip
32311

Country
U.S.



06042006 Chg-P CR2E034 (11/05)

4. FEI Number
75-3162084

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURNS, JACK D
2619 NORTH POINT CIRCLE
APT A
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
Jack Burns
Street Address (P.O. Box Number is Not Acceptable)
1578 Twin Lakes Cir
City
Tallahassee FL Zip Code
32311

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 Jack Burns, President Jack Burns B-25-06
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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, JACK D 2619 NORTH POINT CIRCLE APT A TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack Burns 1578 Twin Lakes Circle Tallahassee, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSHING, JAKE 2619 NORTH POINT CIRCLE APT A TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900079219289 08/29/06--01033--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Shannon Peacock 1578 Twin Lakes Circle Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carnell Austin 1578 Twin Lakes Circle Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peggy Moore 1578 Twin Lakes Circle Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elijah Rhodes 1578 Twin Lakes Circle Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Jack Burns Jack Burns B-25-06 (850) 509-0675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #