


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90136 040 \*\*\*150.00

<b>DOCUMENT # P04000144311</b>	
1. Entity Name <b>SEAMLESS GUTTER SOLUTIONS CORPORATION</b>	

Principal Place of Business <b>1335 NW 14TH PLACE CAPE CORAL, FL 33904</b>	Mailing Address <b>1335 NW 14TH PLACE CAPE CORAL, FL 33904</b>
---	---

2. Principal Place of Business <b>2239 SW 19TH PLACE</b>	3. Mailing Address <b>2239 SW 19TH PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>
Zip <b>33991</b>	Country <b>USA</b>

08202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1963420</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>DORASH, PETE 7800 UNIVERSITY POINTE DRIVE SUITE 100 FORT MYERS, FL 33907</b>	
--	--

7. Name and Address of New Registered Agent Name <b>BRETT STRALEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2239 SW 19TH PLACE</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33991</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  **BRETT STRALEY, PRES** DATE **8-22-05**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>AMARAD, DANIEL</b> <b>1335 NW 14TH PLACE</b> <b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>STRALEY, JENNIFER</b> <b>1335 NW 14TH PLACE</b> <b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>STRALEY, BRETT</b> <b>1335 NW 14TH PLACE</b> <b>CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AMARAD, DANIEL</b> <b>522 SW 22ND TERRACE</b> <b>CAPE CORAL, FL 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2239 SW 19TH PLACE</b> <b>CAPE CORAL, FL 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2239 SW 19TH PLACE</b> <b>CAPE CORAL, FL 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRETT STRALEY** **8-22-05** **239-282-8862**

Date Daytime Phone #