

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90462 034 ***150.00

DOCUMENT # P05000025819

1. Entity Name

QUALITY GUTTERS & PATIOS, INC.



Principal Place of Business

15596 LONA LAKES DRIVE
FORT MYERS FL 33908-1881

Mailing Address

15596 LONA LAKES DRIVE
FORT MYERS FL 33908-1881



2. Principal Place of Business

14712 CALUSA PALMS DR

3. Mailing Address

14712 CALUSA PALMS DR

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

FORT MYERS FL

City & State

FORT MYERS, FL

Zip

33919

Country

LEE

Zip

33919

Country

LEE

1st MOORE

CR2E034 (10/05)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSSEN, JOSEPH P IV
15596 LONA LAKES DRIVE
FORT MYERS FL 33908-1881

7. Name and Address of New Registered Agent

Name (SAME)

Street Address (P.O. Box Number is Not Acceptable)

14712 CALUSA PALMS #103

City

FORT MYERS

FL

Zip Code

33919

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

4/14/06

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOSSEN, JOSEPH P IV
STREET ADDRESS 15596 LONA LAKES DRIVE
CITY-ST-ZIP FORT MYERS FL 33908-1881

TITLE STD ☐ Delete
NAME GOSSEN, GWENDOLYN S
STREET ADDRESS 15596 LONA LAKES DRIVE
CITY-ST-ZIP FORT MYERS FL 33908-1881

TITLE VD ☐ Delete
NAME TREADWAY, EDWARD
STREET ADDRESS 15596 LONA LAKES DRIVE
CITY-ST-ZIP FORT MYERS FL 33908-1881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (SAME) ☒ Change ☐ Addition
NAME
STREET ADDRESS 14712 CALUSA PALMS #103
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE (SAME) ☒ Change ☐ Addition
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STREET ADDRESS 14712 CALUSA PALMS #103
CITY-ST-ZIP FORT MYERS FL 33919

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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

JOSEPH P GOSSEN

Date

Daytime Phone #

4/14/06 239-337-2222