2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035759

City-St-Zip:

ARCADIA, FL 34266

Entity Name: HONEY'S FASCIA & SOFFIT INC

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2008 NW HOWARD AVE 1208 ANDALUSIA BLVD ARCADIA, FL 34266 APT A CAPE CORAL, FL 33909 US **Current Mailing Address: New Mailing Address:** PO BOX 1812 1208 ANDALUSIA BLVD ARCADIA, FL 34265 US APT A CAPE CORAL, FL 33909 US FEI Number: 20-2476826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, J DAVID EA 2511 VASCO STREET SUITE 115 PUNTA GORDA, FL 33950 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVTD** () Delete Title: **PVTD** (X) Change () Addition GARCIA, TAMMIE Name: Name: GARCIA, TAMMIE 2008 NW HOWARD AVE 1208 ANDALUSIA BLVD Address: Address: City-St-Zip: ARCADIA, FL 34266 US City-St-Zip: CAPE CORAL, FL 33909 US Title: Title: () Delete () Change () Addition WARNER, CLARA Name: Name: 2008 NW HOWARD AVE Address: Address: ARCADIA, FL 34266 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WURST, STEVEN Name: Name: 2008 NW HOWARD AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: TAMMIE GARCIA P 07/24/2007