


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90384 037 \*\*\*150.00

<b>DOCUMENT # P05000074882</b> 1. Entity Name <b>DISTINGUISHED EXTERIORS, INC.</b>					
Principal Place of Business <b>6442 SOUTH CR 125</b> <b>MACCLENLY, FL 32063 US</b>			Mailing Address <b>6442 SOUTH CR 125</b> <b>MACCLENLY, FL 32063 US</b>		
2. Principal Place of Business <b>1540 MONTROSE AVE E</b> Suite, Apt. #, etc.		3. Mailing Address <b>1540 MONTROSE AVE E</b> Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>		4. FEI Number <b>20-2876582</b>	
Zip <b>32210</b>		Country <b>DUVAL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HIGGINBOTHAM, BRIAN K</b> <b>6442 SOUTH CR 125</b> <b>MACCLENLY, FL</b>		7. Name and Address of New Registered Agent Name <b>WALTER D. BOONE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1540 MONTROSE AVENUE E.</b> City <b>JACKSONVILLE, FL 32210</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 <i>Walter D. Boone</i> <b>WALTER D. BOONE, VP</b> <i>4/14/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>HIGGINBOTHAM, BRIAN K</b> STREET ADDRESS <b>6442 SOUTH CR 125</b> CITY-ST-ZIP <b>MACCLENLY, FL 32063</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>HIGGINBOTHAM, BRIAN K.</b> STREET ADDRESS <b>564 PINE CREST CT</b> CITY-ST-ZIP <b>MACCLENLY, FL 32063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>BOONE, WALTER D</b> STREET ADDRESS <b>1540 MONTROSE AVE. E.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 322101154</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>BOONE, WALTER D.</b> STREET ADDRESS <b>1540 MONTROSE AVENUE E</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SEC</b> NAME <b>HIGGINBOTHAM, TINA L</b> STREET ADDRESS <b>6442 SOUTH CR 125</b> CITY-ST-ZIP <b>MACCLENLY, FL 32063</b>	<input type="checkbox"/> Delete		TITLE <b>SEC</b> NAME <b>HIGGINBOTHAM, TINA L.</b> STREET ADDRESS <b>964 PINE CREST CT.</b> CITY-ST-ZIP <b>MACCLENLY, FL 32063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>BOONE, BETTY I</b> STREET ADDRESS <b>1540 MONTROSE AVE. E.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 322101154</b>	<input type="checkbox"/> Delete		TITLE <b>T</b> NAME <b>BOONE, BETTY I</b> STREET ADDRESS <b>1540 MONTROSE AVENUE E.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		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"/> Delete		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 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: <i>Walter D. Boone</i> <b>WALTER D. BOONE, VP</b> <i>4/14/06</i> <b>904-403-8494</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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