

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

DOCUMENT # P05000079420

1. Entity Name
#1 EXTERIORS CORP.



05-14-2007 90347 001 ***150.00
05-14-2007 90347 002 *****8.75

Principal Place of Business
10263 GANDY BLVD #2401
SAINT PETERSBURG, FL 33702 US

Mailing Address
10263 GANDY BLVD #2401
SAINT PETERSBURG, FL 33702 US

2. Principal Place of Business - No P.O. Box #
1801 SW LEAFY RD.
Suite, Apt. #, etc.

3. Mailing Address
1801 SW Leafy RD
Suite, Apt. #, etc.



05082007 Chg-P CR2E034 (12/06)

City & State
Port St. Lucie, FL

City & State
Port St. Lucie FL

Zip
34953

Country
St. Lucie

Zip
34953

Country
St. Lucie

4. FEI Number
61-1488973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LONGO, LEANN
10263 GANDY BLVD #2401
SAINT PETERSBURG, FL 33702

7. Name and Address of New Registered Agent
Name
MICHAEL S. Getz
Street Address (P.O. Box Number is Not Acceptable)
1801 SW LEAFY RD
City
Port St. Lucie FL Zip Code
34953

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 * *Michael S. Getz* MICHEL S. Getz President 5-8-2007
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 14, 2007.

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	Delete
P	LONGO, LEANN	10263 GANDY BLVD #2401	SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/>
VP	GETZ, MICHAEL S	10263 GANDY BLVD #2401	SAINT PETERSBURG, FL 33702	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT - P-	Getz, MICHAEL S	1801 SW LEAFY RD.	Port St. Lucie FL 34953	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael S. Getz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-2007 727-415-1796
Date Daytime Phone #