## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 8:00 am Secretary of State DOCUMENT # P05000087999 04-14-2006 90129 014 \*\*\*158.75 GULF COAST GUTTERSHUTTER, INC. Principal Place of Business Mailing Address 9814 REBEL RD 9814 REBEL RD PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address コリフみ し Wine Mile 500 W Burgess Suite, Apt. #, etc Suite, Apt. #, etc. 02282006 Chg-P CR2E034 (11/05) City & State Criv & State 4. FEI Number Applied For FL Pensacolu 20-3911917 Kacola Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUZAWNE KEYES REYES, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 9814 REBEL RD PENSACOLA, FL 32526 PENSA COLA 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 Secretary Keyes 01-Mar-06 Durann 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete PRESIDENT TITLE ☐ Addition ROGER REYES NAME 9814 REBEL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32524 VICE PRESIDENT TITLE ☐ Delete Change ☐ Addition LEON FINDLE NAME. NAME 635 COUNTIERD 998 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SELMA AL 36701 VICE PRESIDENT TITLE ☐ Delete TITLE Change RICHARD REYES ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP PENSACOLA FL 52506 CITY-ST-ZIP SECRETARY' SUZANNE REYES TITLE Dclete TITLE Change ☐ Addition NAME 9814 REBEL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA TREASURER HEIN 32526 TITLE Delete TITLE Change ☐ Addition Heidi FINDLEY Rd. 998 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AL 36701 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted 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 addresse, with all other like empowered. YAGS. OFFT SIGNATURE:

**FILED**