

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106511

Entity Name: K & R ALUMINUM & VINYL, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

32108 2ND STREET
TAVARES, FL 32778

New Principal Place of Business:

32108 2ND STREET
TAVARES, FL 32778 US

Current Mailing Address:

32108 2ND STREET
TAVARES, FL 32778

New Mailing Address:

32108 2ND STREET
TAVARES, FL 32778 US

FEI Number: 20-3208242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, RALPH
32108 2ND STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, RALPH
Address: 32108 2ND STREET
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: GABBARD, KEITH
Address: 32108 2ND STREET
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, RALPH
Address: 32108 2ND STREET
City-St-Zip: TAVARES, FL 32778 US

Title: VPD (X) Change () Addition
Name: GABBARD, KEITH
Address: 32108 2ND STREET
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RALPH WILSON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date