

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90389 040 ***150.00

DOCUMENT # P05000116602

1. Entity Name
THE EXTERIOR SIDING GROUP, INC



Principal Place of Business
348 PLAZA
ATLANTIC BEACH, FL 32233 US

Mailing Address
~~348 PLAZA~~
~~ATLANTIC BEACH, FL 32233 US~~

40075184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACRI, JENNIFER M
~~348 PLAZA~~
~~ATLANTIC BEACH, FL 32233~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1016 10th St. N.

City

Jacksonville Beach

FL

Zip Code

32250

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2006

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KIRSTEN, STEPHEN D
STREET ADDRESS ~~348 PLAZA~~
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS 1802 Eastern Drive
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE V
NAME KIRSTEN, DAVID C
STREET ADDRESS 348 PLAZA
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME MACRI, JENNIFER M
STREET ADDRESS ~~348 PLAZA~~
CITY-ST-ZIP ATLANTIC BEACH, FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS 1016 10th St. N.
CITY-ST-ZIP Jacksonville Beach, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2006 904.887.7452