

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152192

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** ATLANTIC SIDING AND ROOFING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

6767 HOFFNER ROAD  
ORLANDO, FL 328223402

**New Principal Place of Business:**

**Current Mailing Address:**

6767 HOFFNER ROAD  
ORLANDO, FL 328223402

**New Mailing Address:**

**FEI Number:** 27-0133015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GAGNE, MICHAEL  
6767 HOFFNER ROAD  
ORLANDO, FL 328223402 US

**Name and Address of New Registered Agent:**

LAMBERT, LYNNEN L  
724 CAVE HOLLOW LANE  
ORLANDO, FL 32828 US

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: LYNNEN L LAMBERT

01/11/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: GAGNE, MICHAEL  
Address: 6767 HOFFNER ROAD  
City-St-Zip: ORLANDO, FL 328223402

Title: DV ( ) Delete  
Name: LAMBERT, LYNNEN L  
Address: 6767 HOFFNER ROAD  
City-St-Zip: ORLANDO, FL 328223402

Title: DT ( ) Delete  
Name: MEYERS, LARRY J  
Address: 6767 HOFFNER ROAD  
City-St-Zip: ORLANDO, FL 328223402

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LYNNEN L LAMBERT

DV

01/11/2006

Electronic Signature of Signing Officer or Director

Date