

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 007 ***158.75

DOCUMENT # P05000155226

1. Entity Name
OVER THE EDGE SEAMLESS GUTTERS INC.



Principal Place of Business
**2441 INDIAN KEY DRIVE
HOLIDAY, FL 34691 US**

Mailing Address
**2441 INDIAN KEY DRIVE
HOLIDAY, FL 34691 US**

40025720



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-3831368 Applied For
Not Applicable

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

**KRISTINE M BIGELOW CPA PA
6630 EMBASSY BOULEVARD
B
PORT RICHEY, FL 34668-4737**

Name

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

City

FL

Zip Code

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, 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
After May 1, 2007 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
NAME **P PAUL, EDWARD** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **609 LIMETREE DRIVE
OLDSMAR, FL 34677**

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

TITLE
NAME **VP SINGLETON, ROBERT D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2441 INDIAN KEY DRIVE
HOLIDAY, FL 34691**

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

TITLE
NAME **TREA SINGLETON, VICKI B** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2441 INDIAN KEY DRIVE
HOLIDAY, FL 34691**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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: Vicki B. Singleton (Vicki B. Singleton) (727) 939-
Date 2/26/07 Daytime Phone # 0492