

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3831368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

000000774830
01/08/08-80006-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PAUL, EDWARD
STREET ADDRESS	609 LIMETREE DRIVE
CITY - ST - ZIP	OLDSMAR, FL 34677

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Singleton* **Vicki Singleton** 1-3-08 939-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #