

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023710

Entity Name: EAGLE VINYL SIDING, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

10023 BELLE RIVER BLVD #923  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

3838 WINDRIDGE CT  
JACKSONVILLE, FL 32257

## Current Mailing Address:

10023 BELLE RIVER BLVD #923  
JACKSONVILLE, FL 32256

## New Mailing Address:

3838 WINDRIDGE CT  
JACKSONVILLE, FL 32257

FEI Number: 20-4322929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONCALVES, CLAUDIO R  
10023 BELLE RIVER BLVD #923  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

GONCALVES, CLAUDIO R  
3838 WINDRIDGE CT  
JACKSONVILLE, FL 32257 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: CLAUDIO R GONCALVES

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: GONCALVES, CLAUDIO R  
Address: 10023 BELLE RIVER BLVD #923  
City-St-Zip: JACKSONVILLE, FL 32256

Title: T (X) Delete  
Name: VITOTINO DA SILVA, CELIO  
Address: 10023 BELLE RIVER BLVD #923  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Delete  
Name: ANTUNES M DOS SANTOS, COLEMAR  
Address: 10023 BELLE RIVER BLVD #923  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: GONCALVES, CLAUDIO R  
Address: 3838 WINDRIDGE CT  
City-St-Zip: JACKSONVILLE, FL 32257

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 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: CLAUDIO R GONCALVES

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date