2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

AUTOAL IV.					Secretary of State				
DOCUMENT # P07000109653 1. Entity Name RTR EXTERIORS INC						04-28-2008			
Principal Plac	e of Business	Mailing Address			4				
925 HARTFORD ST 925 HARTFORD ST									
HOLLY HILL, FL 32117 HOLLY HILL, FL 32117					,				
HOLLI TILL,	12 32117	HOLLI MILL, IL 32117		$z \in \mathcal{E}_{\mathcal{A}}^{(r)}$					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182008	Chg-P	CR2E	034 (12/06)	
City & State	e	City & State	_		4. 172) Numb	eril -1 ~ C	20	<u> </u>	plied For
		<u></u>			$ \propto \omega^{-}$	77 7507			t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current			7. Name and	Address of New	Registered	Agent		
	_ ^		Name	•					
LOGUIDICE, ĴOE 1515 RIDGEWOOD AVE				t Addrage /	(P.O. Boy Numb	er is Not Acceptab	nla)		
	SEWOOD AVE		0.166	(Address ((1 .O. DOX 140111E	iei is Not Acceptat	510)		
∣A ⊢HOUYHII	LL, FL 32117								
1102211111	Control of the contro	•					,	<u> </u>	
	grift reger t de	City				F	L Zip Code	е	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office	or registe	red agent, or bo	oth, in the State of F	Florida. I an	n familiar with,	and accept
the obligat	ions of registered agent.	,	2		-				
0.00.00									
SIGNATURE.	Signature, typed or printed name of registered agent a	and title (tapplicable. (NOTE: f	Registered Agent sig	natura requiret	d when reinstating)		DATÉ		
			· · · · · · · · · · · · · · · · · · ·	;					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.(9. Election Campaign Trust Fund Contrib		\$5, □ Add	:00 May Be led to Fees		,		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OF	FFICERS AN	D DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME	FYOCK, RONALD		NAME						
STREET ADDRESS	925 HARTFORD ST		STREET ADDRES	s					
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	EVANS, MICHAEL	Duivid	NAME						
STREET ADDRESS	925 HARTFORD ST		STREET ADDRES	s					
CITY-ST-ZIP	HOLLY-HILL; FL 32117	-	CITY-ST-ZIP	-					-
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	ST. DENIS, ROBERT ANTHONY	□ DOICIE	NAME					onange	
STREET ADDRESS	925 HARTFORD ST		STREET ADDRES	s					
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		_ Dente	NAME						
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP		•	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME		Delete	NAME	-					L.J Addition
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP	-					
			-					□ Change	☐ ådditic-
TITLE NAME		⁻ ☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP	~					
an t-ai-tir			VIII (-3) - ZIF					·	

12. I hereby certify that the information supplied with this filling 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Daytime Phone #