


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90030 027 ***150.00

DOCUMENT # P94000009484	
1. Entity Name ABSOLUTE GUTTERS, INC.	

Principal Place of Business 152121/2 OTTO RD. TAMPA FL 33624 US	Mailing Address P.O. BOX 271622 TAMPA FL 33688 US
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2. Principal Place of Business 2415 Destiny Way Suite, Apt. #, etc.	3. Mailing Address Still same as above Suite, Apt. #, etc.
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UNIT 2 City & State ODESSA, FL	City & State
Zip 33556	Country PASCO



MOORE CR2E034 (11/03)

4. FEI Number 59-3225165	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAW, BILLY M. 550 N. REO ST 300 TAMPA FL 33609	
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7. Name and Address of New Registered Agent Name DRUDY & ASSOCIATES, INC Street Address (P.O. Box Number is Not Acceptable) 4100 W. Kennedy Blvd Suite 130 City Tampa, FL Zip Code 33609	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DALLMANN, MICHAEL JAMES 5407 BRITWELL CT. 13923 Cherry Dale TAMPA FL Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MARSICANO, JUSTIN E 20715 LAKE THOMAS RD. 5929 Lawrin Ct. TAMPA FL Westly Chapel 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

2/1/04

SIGNATURE:  **Michael Dallmann-President** **813-962-2309**