

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080424

FILED
Mar 07, 2007
Secretary of State

Entity Name: FLECK EXTERIOR SYSTEMS, INC.

Current Principal Place of Business:

6839 PROCTOR ROAD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

6753 THOMASVILLE ROAD
STE 108-312
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3276577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLECK, GERRIE
6839 PROCTOR ROAD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLECK, DAVID
Address: 6839 PROCTOR RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: DTS () Delete
Name: FLECK, GERRIE
Address: 6839 PRODOR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change () Addition
Name: FLECK, GERRIE
Address: 6839 PROCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: GERRIE M FLECK

DTS

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date