

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048925

Entity Name: SMM SOFFIT & SIDING, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

228 MYRTLE AVENUE NORTH
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

228 MYRTLE AVENUE NORTH
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-3317736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIBSON, DONALD F
179 WATER OAK DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

GIBSON, TAMMY B
168 OCEAN HOLLOW LANE
ST. AUGUSTINE, FL 32084 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: TAMMY GIBSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: RICHARDSON, DANNY L
Address: 1580 PALM AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: GIBSON, DONALD F
Address: 179 WATER OAK DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: VP () Delete
Name: RICHARDSON, CHARLES T
Address: 13105 RIVERGATE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP () Delete
Name: GIBSON, TAMMY
Address: 179 WATER OAK DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RICHARDSON, DANNY L
Address: 1580 PALM AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change () Addition
Name: GIBSON, DONALD F
Address: 90 TIFTON WAY NORTH
City-St-Zip: PONTE VEDRA BEACH, FL

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

Title: VP (X) Change () Addition
Name: GIBSON, TAMMY
Address: 168 OCEAN HOLLOW LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: TAMMY GIBSON

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date