2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048925

Entity Name: SMM SOFFIT & SIDING, INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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228 MYRTLE AVENUE NORTH JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

228 MYRTLE AVENUE NORTH JACKSONVILLE, FL 32204 US

FEI Number: 59-3317736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBSON, TAMMY B RICHARDSON, DANNY L 168 OCEAN HOLLOW LANE 1580 PALM AVENUE

ST. AUGUSTINE, FL 32084 US JACKSONVILLE, FLORIDA, FL 32207 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: DAN RICHARDSON 02/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: PRES (X) Change () Addition

 Name:
 RICHARDSON, DANNY L
 Name:
 RICHARDSON, DANNY L

 Address:
 1580 PALM AVE
 Address:
 1580 PALM AVE

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete Title: () Change () Addition

 Name:
 RICHARDSON, CHARLES T
 Name:

 Address:
 13105 RIVERGATE LANE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 GIBSON, TAMMY
 Name:

 Address:
 168 OCEAN HOLLOW LANE
 Address:

 City-St-Zip:
 ST. AUGSUTINE, FL 32084
 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: TAMMY GIBSON VP 02/05/2008