2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2008 8:00 am Secretary of State DOCUMENT # P95000064504 04-23-2008 90034 005 ***150.00 DONALD YERGER SEAMLESS GUTTERS, INC. Principal Place of Business Mailing Address 1958 CUSTOM DRIVE FORT MYERS FL 33907 1958 CUSTOM DRIVE FORT MYERS EL 33907 2. Pancipal Place of Business - No P.O. Box # 3. Mailing Adgress 269 CAROLINA ジカカE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0609761 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 339 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERHARI GERHART, LINDA 1958-CUSTOM DRIVE FORT MYERS FL 33907 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 sgistered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Change ☐ Addition GERHART, LINDA NAME NAME STREET ADDRESS 269 CAROLINA AVENUE STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP TITLE **⊆** be ele ☐ Addition YERGER, DONALD R. NAME 859 OAK STR. STREET ADDRESS 4121 SABOL LANE STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Dalete TITLE Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete THILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

INDA GERHART 4-1-08 239-850-132

FILED