

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 025 ***150.00

DOCUMENT # P97000087920

1. Entity Name
GUTTER MASTERS, INC.



Principal Place of Business

MOBILE
JACKSONVILLE, FL 32258 US

Mailing Address

4327 BRANDON GLENN CT
JACKSONVILLE, FL 32258 US

40106626



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05192008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3474240

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CUSACK, BOBBY
4327 BRANDON GLENN CT
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

Name **Kelly Cusack**
Street Address (B.O. Box Number is Not Acceptable) **4327 Brandon Glenn Ct**
City **Jacksonville** FL Zip Code **32258**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CUSACK, BOBBY	
STREET ADDRESS	4327 BRANDON GLENN CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KOO, MIN S TREASUR	
STREET ADDRESS	628 10TH ST. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	SC	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, KENNETH SECRETA	
STREET ADDRESS	1700 SAN PABLO RD. #319	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Cusack	
STREET ADDRESS	4327 Brandon Glenn Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly Cusack	
STREET ADDRESS	4327 Brandon Glenn Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Bobby Cusack Vice President **Bobby Cusack** 5-20-08 904.219.9329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #