


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1002

FILED
04 OCT 28 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023250

1. Entity Name
SEAMLESS GUTTER SPECIALISTS, INC.



Principal Place of Business
**14608 GENEVIA DRIVE
ODESSA, FL 33556**

Mailing Address
**14608 GENEVIA DRIVE
ODESSA, FL 33556**

2. Principal Place of Business
14608 GENEVIA DR
Suite, Apt. #, etc.

3. Mailing Address
PO Box 61
Suite, Apt. #, etc.



09202004 Chg-P CR2E034 (10/03)

City & State
ODESSA FL

City & State
ODESSA FL

Zip
33556 Country
USA

Zip
33556 Country
USA

4. FEI Number
59-3505576

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THORNE, JEFF
14608 GENEVIA DRIVE
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Jeffrey E Thorne* DATE: **10/22/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORNE, JEFF 14608 GENEVIA DRIVE ODESSA, FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11/3

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10/28/04--01068--018 **558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeffrey E Thorne* DATE: **10/22/04** (813)690-5422

Signature typed or printed name of signing officer or director Date Daytime Phone #

2/2/2

October 25, 2004

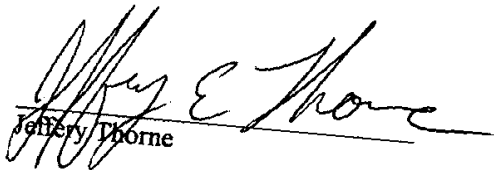
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P98000023250
Seamless Gutter Specialists, Inc.
Jeffery Thorne Owner

To Whom It May Concern,

I apologize for this being late. It is late due to the fact that I am in the middle of a divorce right now and my soon to be ex-wife is living in the residence. Needless to say she has a restraining order out on me, so this is the reason I have not had access to my mail. I truly apologize for over looking this matter.

Sincerely,


Jeffery Thorne