

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023429

FILED
Jan 26, 2007
Secretary of State

Entity Name: CUSTOM TRIM SEAMLESS GUTTER, INC.

Current Principal Place of Business:

3510 GULF VIEW DRIVE
HERNANDO BEACH, FL 34607

New Principal Place of Business:

Current Mailing Address:

3510 GULF VIEW DRIVE
HERNANDO BEACH, FL 34607 US

New Mailing Address:

FEI Number: 59-3499788 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOULTS, LARRY L
3510 GULF VIEW DR
HERNANDO BEACH, FL 34607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOULTS, LARRY L
Address: 3510 GULF VIEW DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VPSD () Delete
Name: SOULTS, BONNIE
Address: 3510 GULF VIEW DR
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VPD () Delete
Name: SOULTS, STEVEN
Address: 3510 GULF VIEW DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VPD () Delete
Name: SOULTS, JAMES
Address: 3510 GULF VIEW DRIVE
City-St-Zip: HERNANDO BEACH, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LARRY L SOULTS

PD

01/26/2007

Electronic Signature of Signing Officer or Director

Date