


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90343 016 ***150.00

DOCUMENT # P98000053903 1. Entity Name XSIDING & ALUMINUM, INC.					
Principal Place of Business 6777 HWY 77 CHIPLEY, FL 32428			Mailing Address 6777 HWY 77 CHIPLEY, FL 32428		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04252004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3511660	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMILUK, ROBERT A 6777 HWY 77 CHIPLEY, FL 32428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIMILUK, TRACY L 682 THURINGER ST NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD TRACY L SIMILUK 6777 HWY 77 CHIPLEY FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMILUK, ROBERT 682 THURINGER ST NW PALM BAY, FL 32907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT A SIMILUK 6777 HWY 77 CHIPLEY FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: <i>Robert A Similuk</i>			Date: 4-28-04 Daytime Phone #: 814-0375		