2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000000588

1. Entity Name
RANDY YERGER SEAMLESS GUTTERS, INC.

Principal Place of Business	Mailing Address
5269 DUNCAN ROAD PUNTA GORDA, FL 33982	5269 DUNCAN ROAD PUNTA GORDA, FL 33982

DO NOT WRITE IN THIS SPACE

03292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0886211	Not Applicable

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

6. Name and Address of Current Registered Agent

YERGER, MARSHA
5269 DUNCAN ROAD
PUNTA GORDA, FL 33982

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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 _Marsha Yerger_

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
After May 1, 2008 Fee will be $550.00

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

U00000836155
04/24/08-80097-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YERGER, RANDY
STREET ADDRESS	5269 DUNCAN ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	1S
NAME	YERGER, DARREN
STREET ADDRESS	5269 DUNCAN ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	2S
NAME	SIPE, WADE
STREET ADDRESS	5269 DUNCAN ROAD
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date

(941) 639-8241
Daytime Phone #