

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026910

FILED
Apr 28, 2005
Secretary of State

Entity Name: WEST ORANGE SIDING & TRIM, INC.

Current Principal Place of Business:

306 OCOEE APOPKA RD
SUITE 5
OCOEE, FL 34761

New Principal Place of Business:

436 N DILLARD ST
WINTER GARDEN, FL 34787

Current Mailing Address:

306 OCOEE APOPKA RD
SUITE 5
OCOEE, FL 34761

New Mailing Address:

436 N DILLARD ST
WINTER GARDEN, FL 34787

FEI Number: 59-3557237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KICKLIGHTER, DAVID H
306 OCOEE APOPKA RD
SUITE 5
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

KICKLIGHTER, DAVID H
436 N DILLARD ST
WINTER GARDEN, FL 34787 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KICKLIGHTER, DAVID H
Address: 306 OCOEE APOPKA RD
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: KICKLIGHTER, LISA M
Address: 306 OCOEE APOPKA RD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: MERCER, LARRY
Address: 306 OCOEE APOPKA RD., STE 5
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KICKLIGHTER, DAVID H
Address: 436 N DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: STD (X) Change () Addition
Name: KICKLIGHTER, LISA M
Address: 436 N DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: MERCER, LARRY
Address: 436 N DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID KICKLIGHTER

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date