


2006 FOR PROFIT ANNUAL REPORT

AT C 1

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90108 014 ***150.00

DOCUMENT # P99000026910 1. Entity Name WEST ORANGE SIDING & TRIM, INC.			
Principal Place of Business 436 N DILLARD ST WINTER GARDEN, FL 34787		Mailing Address 436 N DILLARD ST WINTER GARDEN, FL 34787	
2. Principal Place of Business 10821 Foxhole Road		3. Mailing Address 10821 Foxhole Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clermont, FL		City & State Clermont, FL	
Zip 34711	Country	Zip 34711	Country
4. FEI Number 59-3557237		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KICKLIGHTER, DAVID H 436 N DILLARD ST WINTER GARDEN, FL 34787		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 _____ <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, 2006 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	PD KICKLIGHTER, DAVID H 436 N DILLARD ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KICKLIGHTER, LISA M 436 N DILLARD ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, LARRY 436 N DILLARD ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10821 Foxhole Rd Clermont, FL 34711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10821 Foxhole Rd Clermont, FL 34711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	10821 Foxhole Rd Clermont, FL 34711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-18-06 <small>Date Daytime Phone #</small>	