## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000026910

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Entity Name: WEST ORANGE SIDING & TRIM, INC

FILED Apr 19, 2007 Secretary of State

<b>,</b>						
Current P	rincipal Plac	e of Business:	New Principal Plac	New Principal Place of Business:		
	KHOLE RD NT, FL 34711					
Current Mailing Address:			New Mailing Addre	New Mailing Address:		
	KHOLE RD NT, FL 34711					
El Number:	59-3557237	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:		
36 N DILL	TER, DAVID I LARD ST BARDEN, FL		KICKLIGHTER, DAV 10821FOXHOLE RE CLERMONT, FL 34	)		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,		
the State	of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,  04/19/2007		
the State	e of Florida. RE:	submits this statement for the particles of Registered Ag				
n the State	e of Florida. RE: Electro			04/19/2007		
n the State	e of Florida. RE: Electro	nic Signature of Registered Aging Trust Fund Contribution ( ).	ent	04/19/2007		
n the State IGNATUF Iection Car OFFICERS tte: ame: ddress:	e of Florida.  RE: Electro  npaign Financir  S AND DIREC	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete  DAVID H  DE RD	ent	04/19/2007 Date		
the State	e of Florida.  RE: Electro  mpaign Financir  S AND DIREC  PD ( KICKLIGHTER 10821 FOXHO CLERMONT, F	nic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete  , DAVID H  DE RD  CL 34711  ) Delete  , LISA M  DE RD	ent  ADDITIONS/CHAN  Title: Name: Address:	04/19/2007  Date  GES TO OFFICERS AND DIRECTOR		

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:	DAVID KICKLIGHTER	PD	04/19/2007