

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000026910

FILED
Oct 21, 2008
Secretary of State

Entity Name: WEST ORANGE SIDING & TRIM, INC.

Current Principal Place of Business:

10821 FOXHOLE RD
CLERMONT, FL 34711

New Principal Place of Business:

23 OAKLAND POINTE CIRCLE
OAKLAND, FL 34760 US

Current Mailing Address:

10821 FOXHOLE RD
CLERMONT, FL 34711

New Mailing Address:

23 OAKLAND POINTE CIRCLE P.O. BOX1008
OAKLAND, FL 34760 US

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
10821 FOXHOLE RD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

KICKLIGHTER, DAVID H
23 OAKLAND POINTE CIRCLE
OAKLAND, FL 34760 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: DAVID H KICKLIGHTER

10/21/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KICKLIGHTER, DAVID H
Address: 10821 FOXHOLE RD
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: KICKLIGHTER, LISA M
Address: 10821 FOXHOLE RD
City-St-Zip: CLERMONT, FL 34711

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KICKLIGHTER, DAVID H
Address: 23 OAKLAND POINTE CIRCLE P.O. BOX1008
City-St-Zip: OAKLAND, FL 34760 US

Title: STD (X) Change () Addition
Name: KICKLIGHTER, LISA M
Address: 23 OAKLAND POINTE CIRCLE P.O. BOX1008
City-St-Zip: OAKLAND, FL 34760 US

Title: D (X) Change () Addition
Name: MERCER, LARRY
Address: 10647 4TH AVE
City-St-Zip: OCOEE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify 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 H KICKLIGHTER

PD

10/21/2008

Electronic Signature of Signing Officer or Director

Date