

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026910

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: WEST ORANGE SIDING & TRIM, INC.

## Current Principal Place of Business:

23 OAKLAND POINTE CIRCLE  
OAKLAND, FL 34760 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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  
23 OAKLAND POINTE CIRCLE  
OAKLAND, FL 34760 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 KICKLIGHTER

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date