2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 8:00 am Secretary of State **DOCUMENT # P99000041566** 1 1. Entity Name 05-02-2007 90087 046 ***150 00 ADVANCED GUTTER SYSTEMS, INC. Mailing Address Principal Place of Business 320 LENOX PARKWAY 320 LENOX PARKWAY 4111000--PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04022007 Chq-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-3574779 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASS & SANDFORT ACCOUNTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1301 W. GARDEN STREET PENSACOLA, FL 32501-4504 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TITLE Change Addition TITLE NAME PARKER, GEORGE E NAME 320 LENOX PARKWAY STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-7IP Change SD TITLE ☐ Delete TITLE ___ Addition PARKER, SHIRLEY NAME NAME STREET ADDRESS 320 LENOX PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32505 Delete TITLE Change Addition TITLE LAMBERT, DONALD G NAME STREET ADDRESS 320 LENOX PARKWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA, FL 32505 Addition TITLE TITLE ☐ Delete GEORGE E. PARKER, JR. 320 LENOX PARKWAY, 505 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all of

FILED

Daytime Phone #