


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000045326		
1. Entity Name HAMMERHEAD VINYL SIDING, INC.		

Principal Place of Business P.O. BOX 98 WACISSA, FL 32361	Mailing Address PO BOX 98 WACISSA, FL 32361
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2. Principal Place of Business - No P.O. Box # 13103 Gamble Rd	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Monticello Florida	City & State
Zip 32344	Country USA

FILED
07 MAY 29 AM 9:45
TALLAHASSEE, FLORIDA



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3583919	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REAGAN, JASON 13103 GAMBLE RD MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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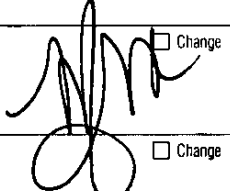
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 REAGAN, JASON RT 3 BOX 98 MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700104261317 06/12/07--01025--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5/29


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:  Jason Reagan 5/25/07 / 850 / 997-2539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #