

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070324

**FILED**  
**Apr 22, 2004**  
**Secretary of State**

**Entity Name:** D & D SEAMLESS GUTTERS, INC.

**Current Principal Place of Business:**

1239 PORTER RD.  
BUILDING #5  
SARASOTA, FL 34240

**New Principal Place of Business:**

990 PASCHALL PL.  
BAY 28  
SARASOTA, FL 34232

**Current Mailing Address:**

P.O. BOX 7513  
SARASOTA, FL 342787513

**New Mailing Address:**

FEI Number: 65-0943210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YODER, DAVID  
5426 ASHTON CT UNIT 7  
SARASOTA, FL 34233

**Name and Address of New Registered Agent:**

YODER, DAVID  
3941 CHAUCER LN.  
SARASOTA, FL 34241

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 A. YODER

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YODER, DAVID A  
Address: 3973 WAKE AVE.  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 A. YODER

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date