2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45185

Name:

Address:

City-St-Zip:

Entity Name: SUN STATE SIDING, INC.

FILED Apr 03, 2006 Secretary of State

| Entity Nai | me: SUNSTA | TE SIDING, INC. | • | | | | | |
|---|---|--------------------|----------------|---|--|---|---------------------|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
| | PRESS WAY ERRY, FL 327 | 07 US | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| | PRESS WAY ERRY, FL 327 | 07 US | | | | | | |
| FEI Number | : 59-3062867 | FEI Number App | lied For() | FEI Number Not Appli | cable () | Certificate of St | atus Desired () | |
| Name and | l Address of C | urrent Register | ed Agent: | Name and | Address of | New Registere | d Agent: | |
| 1205 DEE | R, DONALD G. R RUN SPRINGS, FL 3 | 32708 US | | | | | | |
| | e named entity s e of Florida. | submits this state | ment for the p | urpose of changing it | s registered | office or register | red agent, or both, | |
| SIGNATUI | RE: | | | | | | | |
| | Electron | ic Signature of R | egistered Age | nt | | Date | | |
| Election Car | mpaign Financing | Trust Fund Contri | bution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () GEISSLER, DO 1205 DEER RUI WINTER SPRIN | N | | Title: Name: Address: City-St-Zip: | (| ()Change ()Addit | ion | |
| Title: Name: Address: City-St-Zip: | V () GEISSLER, DO 276 CELERY C OVIEDO, FL 32 | IR | | Title: Name: Address: City-St-Zip: | | | tion | |
| Title: Name: Address: City-St-Zip: | ST () GEISSLER, MA 1205 DEER RU WINTER SPRIN | N | | Title: Name: Address: City-St-Zip: | GEISSLER, N 1205 DEER F | (X) Change ()Addit MARGARET R, . RUN RINGS, FL 32708 | tion | |
| Title: | () | Delete | | Title: | S (| () Change (X) Addit | tion | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

GEISSLER, ANNETTE H.,

510 LAKE LENELLE DR.

CHULUOTA, FL 32766

SIGNATURE: DONALD G GEISSLER P 04/03/2006