


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V32979 1. Entity Name SOUTHERN SIDING, SOFFET AND ALUMINUM, INC.	
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Principal Place of Business 33721 SHADY ACRES RD LEESBURG, FL 34788 US	Mailing Address 33721 SHADY ACRES RD LEESBURG, FL 34788 US
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DO NOT WRITE IN THIS SPACE

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3120327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LABELLE, GARY
 33721 SHADY ACRES ROAD
 LEESBURG, FL 34788

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LABELLE, GARY
STREET ADDRESS	33721 SHADY ACRES RD
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/11/08-80004-004 558.75

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: *Gary Labelle* 5-31-08 352/365-6098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #