


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 237228**


1. Entity Name  
**BANDY LIGHTWEIGHT ROOFING & SUPPLY,  
INCORPORATED**



Principal Place of Business: **116 N. SEWALLS PT. RD.  
STUART, FL 34996**

Mailing Address: **116 N. SEWALLS PT. RD.  
STUART, FL 34996 US**

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0882449</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BESSEMER, E. MAXINE  
116 N. SEWALLS PT. RD.  
STUART, FL 34996**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BESSEMER, WILLIAM J
STREET ADDRESS	116 N. SEWALLS PT. RD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	P
NAME	BESSEMER, WILLIAM J
STREET ADDRESS	116 N. SEWALLS PT. RD.
CITY-ST-ZIP	STUART, FL 34996
TITLE	DT
NAME	KIRKBRIDE, TAMARA A
STREET ADDRESS	2614 NEPALM AVE
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	DV
NAME	BESSEMER, W KIM B
STREET ADDRESS	1103 TILTON RD
CITY-ST-ZIP	PORT ST LUICE, FL 00000, 34952
TITLE	SD
NAME	BESSEMER, MAXINE
STREET ADDRESS	116 N. SEWALLS PT. RD.
CITY-ST-ZIP	STUART, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000857952  
04/01/08-80024-022 150.00

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: *W Kim Bessemer* **Kim Bessemer** 3/11/08 772-220-1244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #