

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022280

FILED  
Mar 23, 2012  
Secretary of State

Entity Name: SITTE ROOFING & GUTTERING INC.

**Current Principal Place of Business:**

2140 SCURLOCK RD  
SOUTHPORT, FL 32409 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8688  
SOUTHPORT, FL 32409 US

**New Mailing Address:**

FEI Number: 04-3610991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SITTE, CAREY M  
3577 CRYSTAL LAKE DR  
CHIPLEY, FL 32428 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SITTE, CAREY M  
Address: PO BOX 8688  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: VD  
Name: SITTE, DAVE A  
Address: 1315 CAVANAUGH LANE  
City-St-Zip: SOUTHPORT, FL 32409 FL

Title: STD  
Name: SITTE, CATHY R  
Address: PO BOX 8688  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: D  
Name: SITTE, CHAZ M  
Address: 119 WHITE OAKS BLVD  
City-St-Zip: SOUTHPORT, FL 32409

I hereby 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 all other like empowered.

SIGNATURE: CAREY M SITTE

PD

03/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date