


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90006 004 ***150.00

DOCUMENT # P03000129151			
1. Entity Name KENNETH JACKSON ROOFING INC.			
Principal Place of Business 114 TWIN OAK DR CRESTVIEW, FL 32536		Mailing Address 114 TWIN OAK DR CRESTVIEW, FL 32536	
2. Principal Place of Business - No P.O. Box # 522 Vulpes Sanctuary Loop		3. Mailing Address 522 Vulpes Sanctuary Loop	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Crestview, FL		City & State Crestview, FL	
Zip 32536		Zip 32536	
Country OKalooosa		Country OKalooosa	
4. FEI Number 01-0802350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, KENNETH 114 TWIN OAK DR CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name: Kenneth Jackson Street Address (P.O. Box Number is Not Acceptable): 522 Vulpes Sanctuary Loop City: Crestview FL Zip Code: 32536	
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: <i>Kent E Jackson</i> DATE: 4-20-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: JACKSON, KENNETH STREET ADDRESS: 114 TWIN OAK DR CITY-ST-ZIP: CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE: P NAME: Kenneth Jackson STREET ADDRESS: 522 Vulpes Sanctuary Loop CITY-ST-ZIP: Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MORRIS, MICHAEL STREET ADDRESS: 156 ALABAMA STREET CITY-ST-ZIP: CRESTVIEW, FL 32536	<input type="checkbox"/> Delete	TITLE: T NAME: Michael Morris STREET ADDRESS: 1602 East 25th Ave CITY-ST-ZIP: Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BEAUX, ETHERIDGE STREET ADDRESS: 105 ECCLES RD APT 3 CITY-ST-ZIP: FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE: VP NAME: Beaux Etheridge STREET ADDRESS: Poverty Creek Rd CITY-ST-ZIP: Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kent E Jackson</i>		SIGNATURE: Kenneth F. Jackson	
		Date: 4-20-07	
		Daytime Phone #: (856) 689-8704	