


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90096 003 \*\*\*150.00

DOCUMENT # P96000079370

1. Entity Name  
 QUALITY ROOFING OF FLORIDA, INC.



Principal Place of Business      Mailing Address

6601 N. 50TH ST.      6601 N 50TH ST  
 TAMPA, FL 33610 US      TAMPA, FL 33610 US

2. Principal Place of Business - No. P.O. Box #      3. Mailing Address

6515 North 50th Street      6515 North 50th Street

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

Tampa, FL      Tampa, FL

Zip      Country      Zip      Country

33610      USA      33610      USA

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01122007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

59-3404411      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

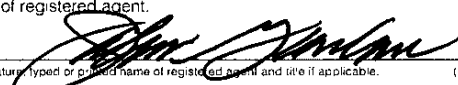
    

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

GARRISON, JOHN R  
 812 SHADOW RUN BLVD  
 RIVERVIEW, FL 33569

Name: Garrison John R  
 Street Address (P.O. Box Number is Not Acceptable): 11812 Shadow Run Blvd  
 City: Riverview, FL      FL      Zip Code: 33569

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.)

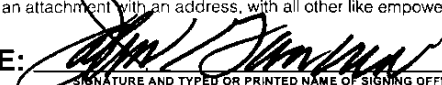
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRISON, JOHN R 812 SHADOW RUN BLVD RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Garrison, John R 11812 Shadow Run Blvd Riverview, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKINS, RICHARD C 3024 W CHAPIN AVE TAMPA, FL 33611 <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	T JENKINS, TANNER C 4015 BAYSHORE BLVD. APT 4A TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jenkins, Tanner C 4015 Bayshore Blvd #4A Tampa, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, DANIEL B 4721 DAWN MEADOW CT PLANT CITY, FL 33565 <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
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:  Vice President      Date: 1/12/07      Daytime Phone #: 813-420-4797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR