


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90178 011 \*\*\*150.00

<b>DOCUMENT # P03000135276</b>		
1. Entity Name <b>JOHN'S ROOFING, INC.</b>		

Principal Place of Business <b>25548 LUKE STREET APOPKA FL 32704 US</b>	Mailing Address <b>P.O. BOX 125 CHRISTMAS FL 32709-0125 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2061 LAREDO DR.</b>	3. Mailing Address <b>PO Box 390428</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <b>Deltona FL 32738</b>	City & State <b>Deltona FL</b>
Zip <b>32738</b>	Zip <b>32739</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3779661</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCKNIGHT, F. DOUGLAS ESQ 126 E JEFFERSON ST ORLANDO FL 32801</b>	
7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	

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 constituting)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BRANT, JOHN P.O. BOX 125 CHRISTMAS FL 32709-0125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD John Brant 2061 LAREDO DR. Deltona FL 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELLIS, DANIEL G 325 HICKORY DRIVE MAITLAND FL 32751 <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
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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 Section 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: 	<b>John Brant</b>	<b>4/16/07</b>	<b>386-837-2570</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			