

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H31291

**Entity Name:** BAY AREA ROOFING, INC.

**Current Principal Place of Business:**

11327 43RD. STREET NORTH  
CLEARWATER, FL 34622-4923

**Current Mailing Address:**

11327 43RD. STREET NORTH  
CLEARWATER, FL 34622-4923

**FEI Number: 59-2484248**

**Certificate of Status Desired: No**

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

ALLBRITTEN, JAMES K  
11327 43RD ST. N.  
CLEARWATER, FL 34622 US

**FILED**  
**Mar 19, 2019**  
**Secretary of State**  
**0183705345CC**

*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

**Officer/Director Detail :**

Title T  
Name ALLBRITTEN, JAMES K  
Address 11327 43RD ST N  
City-State-Zip: CLEARWATER FL 33762

Title P  
Name DISALVATORE, JOSEPH P  
Address 11327 43RD ST N  
City-State-Zip: CLEARWATER FL 33762

Title S  
Name ALLBRITTEN, JAMES K  
Address 4261 112TH TERRACE N  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name FABRIZI, RICHARD J JR.  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name GOLDBERG, LAURA A  
Address 11281 43RD STREET NORTH  
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR  
Name ALLBRITTEN, SHERYL A  
Address 3850 TALAH DR  
City-State-Zip: PALM HARBOR FL 34684

*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: JAMES K ALLBRITTEN**

**T**

**03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date