

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000022280

**Entity Name:** SITTE ROOFING & GUTTERING INC.

**Current Principal Place of Business:**

2140 SCURLOCK RD  
SOUTHPORT, FL 32409

**Current Mailing Address:**

PO BOX 2037  
LYNN HAVEN, FL 32444 US

**FEI Number:** 04-3610991

**Certificate of Status Desired:** No

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

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

*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 PD  
Name SITTE, CAREY M  
Address PO BOX 8688  
City-State-Zip: SOUTHPORT FL 32409

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

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

Title D  
Name SITTE, CHAZ M  
Address 119 WHITE OAKS BLVD  
City-State-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:** CATHY R SITTE

**SECRETARY/  
TREASURER**

03/02/2019

Electronic Signature of Signing Officer/Director Detail

Date