

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000146291

**Entity Name:** ON THE ROOF CORPORATION

**Current Principal Place of Business:**

15580 S US HWY 441  
UNIT 3  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

15580 S US HWY 441  
UNIT 3  
SUMMERFIELD, FL 34491 US

**FEI Number:** 20-1776237

**Certificate of Status Desired:** No

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

LABELLE, STEPHEN M  
5403 COMPASS POINTE  
OXFORD, FL 34484 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           | DP                  | Title           | VP                           |
| Name            | LABELLE, STEPHEN M  | Name            | DONNA, JASON                 |
| Address         | 5403 COMPASS POINTE | Address         | 15580 S US HWY 441<br>UNIT 3 |
| City-State-Zip: | OXFORD FL 34484     | City-State-Zip: | SUMMERFIELD FL 34491         |

*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:** STEPHEN LABELLE

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date