

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000038357

**Entity Name:** STUDARD ROOFING, INC.

**Current Principal Place of Business:**

423 LAKE MARIETTA DR W.  
JACKSONVILLE, FL 32220

**Current Mailing Address:**

423 LAKE MARIETTA DR W.  
JACKSONVILLE, FL 32220 UN

**FEI Number:** 59-3315232

**Certificate of Status Desired:** Yes

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

STUDARD, JOAN E.  
423 LAKE MARIETTA DR W  
JACKSONVILLE, FL 32220 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 P  
Name STUDARD, ALTON MICHAEL  
Address 423 LAKE MARIETTA DR W  
City-State-Zip: JACKSONVILLE FL 32220

Title V/T  
Name STUDARD, JOAN E.  
Address 423 LAKE MARIETTA DR W  
City-State-Zip: JACKSONVILLE FL 32220

Title S  
Name CANNADAY, MICHAEL D.  
Address 1138 SAWYERWOOD DR  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name STUDARD, DAVID C  
Address 1821 N. MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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:** JOAN E STUDARD

**OFFICER**

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date