

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90037 047 ***150.00

DOCUMENT # 305048

1. Entity Name
ROOF PAINTING BY HARTZELL, INC.



Principal Place of Business
2301 NW 33 CT SUITE 112
POMPANO BEACH, FL 33069

Mailing Address
2301 NW 33 CT SUITE 112
POMPANO BEACH, FL 33069

40000000000000000000000000000000



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1144111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOLMAN, EDWARD F., JR.
2301 NW 33 CT
SUITE 112
POMPANO BEACH, FL 33069

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLMAN, EDWARD F
STREET ADDRESS	2301 NW 33 CT., STE. 112
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	ST
NAME	HOLMAN, TONI L
STREET ADDRESS	2301 NW 33 CT., STE. 112
CITY-ST-ZIP	POMPANO BEACH, FL 33061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward F. Holman, Jr. **EDWARD F. HOLMAN, JR.** 2-27-07 954-957-9761