

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90018 035 ***150.00

DOCUMENT # 358366

1. Entity Name

DINGLE ROOFING CO.



Principal Place of Business

2650 SW 27 AVE
MIAMI FL 33133
US

Mailing Address

PO BOX 330982
MIAMI FL 33233
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1776886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DINGLE, IRVIN
3076 ELIZABETH STREET
MIAMI FL

7. Name and Address of New Registered Agent

Name Arlena J. Dingle

Street Address (P.O. Box Number is Not Acceptable)
3076 Elizabeth Street

City Miami

FL

Zip Code 33133

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 *Arlena J. Dingle*

Arlena J. Dingle (New Registered Agent)
Secretary/Treasurer

March 12, 2007

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DINGLE, IRVIN
STREET ADDRESS 3076 ELIZABETH STREET
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE STD
NAME DINGLE, ARLENA
STREET ADDRESS 3076 ELIZABETH STREET
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE VPD
NAME DINGLE, DAVID L
STREET ADDRESS 3370 WILLIAMS AVENUE
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Arlena J. Dingle*

Arlena J. Dingle

Secretary/Treasurer 3/12/07

(305) 444-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #