

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 484514

1. Entity Name  
GUY BROTHER'S ROOFING, INC.



Principal Place of Business

218 HEWITT STREET  
P.O. BOX 17839  
PENSACOLA, FL 32522 US

Mailing Address

P.O. BOX 17839  
PENSACOLA, FL 32505-5803 US

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1648158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GUY, RONALD T.  
2219 W JORDON ST.  
PENSACOLA, FL 32505

**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

000000745660  
05/16/07-80078-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GUY, RONALD T  
8037 VIRGINIA WAY  
MILTON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GUY, MICHAEL F  
5659 CULPPER CR  
PACE, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Michael Guy

4/26/07

850-434-1785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #