## **2007 FOR PROFIT CORPORATION**

**ANNUAL REPORT** 

**DOCUMENT #557544** 1. Entity Name FORD ROOFING, INC.

Principal Place of Business

Mailing Address

2974 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207

2974 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207

**FILED** Apr 16, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04122007 No Chg-P

4. FEI Number	Ŀ	Applied For
59-1786570		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Red	Additional julred

6. Name and Address of Current Registered Agent

FORD,III, HENRY R. 2974 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207

## DO NOT WRITE

S/O/GOTVILLE, I E GLEVI			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	igent signatur	e required when (einstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees	000000710771 04/25/07-80056-021 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD,III, HENRY R. 2974 ST. AUGUSTINE RD. JACKSONVILLE, FL					
NAME STREET ADDRESS CITY-ST-ZIP	STD FORD, DIXIE L. 2974 ST. AUGUSTINE RD. JACKSONVILLE, FL		,	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		-			·	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. 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:

CITY-ST-ZIP

Daytima Phone #