

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90004 037 ***150.00

DOCUMENT # 558384

1. Entity Name
PIGOTT ROOFING, INC.



Principal Place of Business
**10391 BAYSHORE RD
NORTH FORT MYERS, FL 33917**

Mailing Address
**10391 BAYSHORE RD
N FT MYERS, FL 33917**

10000111



DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1790460

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIGOTT II, WILLIAM C
10391 BAYSHORE RD
NORTH FORT MYERS, FL 33917**

**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	PDT
NAME	PIGOTT II, WILLIAM C
STREET ADDRESS	10391 BAYSHORE ROAD
CITY - ST - ZIP	FORT MYERS, FL 33917
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William C Pigott II
William C Pigott II

3-6-07
3-6-07

239-543-1066
239-543-1066