## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 AM Secretary of State **DOCUMENT # 558384** 1. Entity Name PIGOTT ROOFING, INC. Principal Place of Business Mailing Address 10391 BAYSHORE RD 10391 BAYSHORE RD NORTH FORT MYERS, FL 33917 N FT MYERS, FL 33917 CR2E034 (11/05) 01072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1790460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIGOTT II, WILLIAM C DO NOT WRITE 10391 BAYSHORE RD NORTH FORT MYERS, FL 33917 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PDT TITLE NAME PIGOTT II, WILLIAM C 10391 BAYSHORE ROAD STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33917 000000777705 01/10/08-80019-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 chapter 407 and patterned with an address with all other life empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-7-18

239-543-1066

**FILED** 

Daytime P