## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2007 08:00 AM DOCUMENT # F04000004886 **Secretary of State** 1. Entity Name JEFF EUBANK ROOFING COMPANY, INC. Principal Place of Business Mailing Address 1900 NORTHPARK DR. P.O. BOX 4309 FT. WORTH, TX 76102-1014 FT. WORTH, TX 76164-0309 01192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-2250258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE EUBANK, JEFF NAME 4604 PERSHING AVE. STREET ADDRESS CITY-ST-ZIP FT. WORTH, TX 76107 TITLE . U00000634472 02/22/07-80012-001 150.00 KIRKMAN, BILL NAME STREET ADDRESS 201 MAIN STREET ST. 1400 FT. WORTH, TX 76102 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 STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with his filling does not availify 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 successful that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the feecliver 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 appears my hings of the corporation of t

SIGNATURÉ:

NAME STREET ADDRESS

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

219107

817-334-0161

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**FILED**