## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 22, 2007 08:00 AM **DOCUMENT # F05000001061 Secretary of State** 1. Entity Name A.S.A.P. ROOFING, INC. USA Principal Place of Business Mailing Address 5018-B ANTOINE #168~ -5018-B ANTOINE #168 HOUSTON, TX 77092 HOUSTON, TX 77092 277 2 4 2 2 22 19 541 2 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0427110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDWARDS, GREG DO NOT WRITE 4771 BAYOU BLVD. #152 PENSACOLA, FL 32503 IN THIS SPACE 8. The above named enfity 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 reg red agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE EDWARDS, GREG NAME 5018-B ANTOINE #168 STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77092 TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000598397 01/24/07-80075-009 158.75 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 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 supplies with report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver corporation or the changed, or on an attachment address, with all other like empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR