## 2º 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AN
Secretary of State

	- MITHORE	ZEL OUT I		-		10, 40	
DOCUMENT # F0500001503  1. Entity Name SAUCIER BROS. ROOFING, INC.			Secretary of Sta				
Principal Plac	e of Business	Mailing Address					
200 LAMEUS	SE ST	P.O. BOX 1459					
BILOXI, MS	39530	BILOXI, MS 39533	_				
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DO NOT WRITE IN THIS SPACE			re	01092007	No Chg-P	CR2E034 (	11/05)
			CE	4. FEI Numbi 64-077			Applied For Not Applicable
					of Status Desired	□ \$8. Fee	75 Additional Required
	6. Name and Address of Current Re	jistered Agent		<del></del>	· · · · · · · · · · · · · · · · · · ·		
	PORATION SYSTEM TH PINE ISLAND ROAD		DO	NOT W	RITE		
	ION, FL 33324	IN THIS SPACE					
				IIV	і піо ог	AUE	
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. 1 am famili	far with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	ité il applicable (NOTE Ragistere	ed Agent signature required	when reinstaling)		DATE	· · · · · · · · · · · · · · · · · · ·
	Britadi, con est de compa						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			noing \$5.	00 May Be ed to Fees			,
10.	OFFICERS AND DIF	ECTORS				A	
TITLE	P						
NAME	SAUCIER, C.B.						
STREET ADDRESS	1040 CAMP FOUR JACKS RD						
CITY-ST-ZIP	BILOXI, MS 39532		4		HOMAG	585835	
TITLE	VST SAUCIER, CLEMENT B III		01/16/07-80029-003 150.00				
NAME STREET ADDRESS	3622 PERRYMAN			With Athres	سافية فياسكان الباقية	W 100100	
CITY-ST-ZP	OCEAN SPRINGS, MS 39564		Ĭ				
TITLE	002.070.70.0071110.0007	<del> </del>	-[				
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NAME STREET ADDRESS	** **						
CITY-ST-ZIP	2 13 2 35 5 5 5 7 6 7 6 7 6 7 6 8 6 8 6 8 6 8 6 8 6 8 6	) tale tied Goomewings		·			
12. I hereby of indicated	certify that the information supplied with thi on this report or supplemental report is tru	s filing does not qualify for the ex e and accurate and that my signa	emptions contained ture shall have the	l in Chapter 118 same legal effec	9, Florida Statutes. I ot as if made under c	further certify the	at the information n officer or director

12. I nereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Fordia Statutes, if turner 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 objects 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 HAME OF SIGNING OFFICER OR DIRECTOR

1/9/07 228-436-356