

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F82504**

1. Entity Name  
**ROOFING SYSTEMS INCORPORATED OF PALM BEACH  
COUNTY**



Principal Place of Business  
**C/O WILLIAM ROGERS, JR.  
1020 S.W. 10 STREET  
DELRAY BEACH, FL 33444-1239**

Mailing Address  
**C/O WILLIAM ROGERS, JR.  
1020 S.W. 10 STREET  
DELRAY BEACH, FL 33444-1239**



03082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2217940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROGERS JR, WILLIAM M  
1020 S.W. 10 STREET  
DELRAY BEACH, FL 33444**

**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**

**04/06/07-80056-011 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ROGERS, WILLIAM JR 998 S.W. 16TH STREET BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ROGERS, WILLIAM JR 998 S.W. 16TH STREET BOCA RATON, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SPIES, WILLIAM JR. 13245 155TH PLACE NORTH JUPITER, FL 33478</b>

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**William Rogers, Jr.**

**561-276-6506**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #