


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F84043	
1. Entity Name INTRACOASTAL ROOFING CO., INC.	

Principal Place of Business 1299 WEST ADAMS ST PO BOX 10816 JACKSONVILLE, FL 32247-0816	Mailing Address 1299 WEST ADAMS ST PO BOX 10816 JACKSONVILLE, FL 32247-0816
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01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2187055	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE CICCO, RALPH A 5941 HECKSCHER DRIVE JACKSONVILLE, FL 32226

**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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC DECICCO, KATHERINE H 5941 HECKSCHER DR JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBORO, TRACY 59 NITRAM AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDERGRASS, CAROLYN 8105 N JAMAICA RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DECICCO, RALPH A 5941 HECKSCHER DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITE, JOAN 6938 CORKWOOD RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECICCO, ERIK A 8105 JAMACIA RD N JACKSONVILLE, FL 32216

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01/10/07-80061-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/7

Date

904/398-6675

Daytime Phone #

#0592