

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F84043</b><br>1. Entity Name<br>INTRACOASTAL ROOFING CO., INC. |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business<br>1299 WEST ADAMS ST<br>PO BOX 10816<br>JACKSONVILLE, FL 32247-0816 | Mailing Address<br>1299 WEST ADAMS ST<br>PO BOX 10816<br>JACKSONVILLE, FL 32247-0816 |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br>59-2187055                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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 reappointing) DATE \_\_\_\_\_

|                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

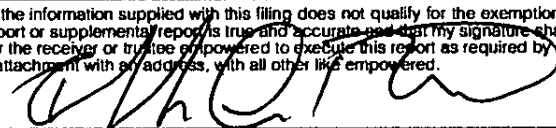
10. OFFICERS AND DIRECTORS

|                                                |                                                                           |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>DECICCO, KATHERINE H<br>5941 HECKSCHER DR<br>JACKSONVILLE, FL 32226 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCARBORO, TRACY<br>59 NITRAM AVE.<br>JACKSONVILLE, FL                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PENDERGRASS, CAROLYN<br>8105 N JAMAICA RD<br>JACKSONVILLE, FL        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>DECICCO, RALPH A<br>5941 HECKSCHER DR<br>JACKSONVILLE, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KITE, JOAN<br>6938 CORKWOOD RD.<br>JACKSONVILLE, FL                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DECICCO, ERIK A<br>8105 JAMACIA RD N<br>JACKSONVILLE, FL 32216       |

**DO NOT WRITE  
IN THIS SPACE**

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04/14/08-80066-025 150.00

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 reports 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:  4/2/08 904/398-6675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph A. DeCicco, President

4/1/08 #1330