2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F84043

1. Entity Name
INTRACOASTAL ROOFING CO., INC.

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

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2187055

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/14/08-80066-025 150.00

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4/1/08 #1330

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: _____ 4/2/08 904/398-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ralph A. DeCicco, President