


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000001874</b> 1. Entity Name NATIONAL ROOFING OF SOUTH FLORIDA, INC.	
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Principal Place of Business P.O. BOX 4871 BALTIMORE, MD 21211	Mailing Address P.O. BOX 4871 BALTIMORE, MD 21211
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**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-0812654	Applied For 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

CRISPINO, LOUIS T  
451 RANCH RD  
WESTIN, FL 33326

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CRISPINO, LOUIS T 451 RANCH RD WESTIN, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV CRISPINO, LOUIS T 451 RANCH ROAD WESTIN, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CRISPINO, ROSE M 642 DEERHURST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ZAPORA, DEBORAH L 1108 W WICKE LN LUTHERVILLE TJMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000668260  
03/27/07-80022-012 150.00

**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: Deborah L. Zapora 3/13/07 410 235 5827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #