

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # G72463**

1. Entity Name  
**YO ROOFING, INC.**



Principal Place of Business

P.O. BOX 7793  
2021 N 52ND AVE  
HOLLYWOOD, FL 33021 US

Mailing Address

P.O BOX 7793  
HOLLYWOOD, FL 33081 US



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

A. FEI Number  
**59-2346430**

Applied For  
Not Applicable

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

5. Name and Address of Current Registered Agent

MOTT, RON  
2021 N. 52 AVE  
HOLLYWOOD, FL 33021

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOTT, RON
STREET ADDRESS	2021 N 52ND AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	V
NAME	CONNELL, PATRICK
STREET ADDRESS	C/O P.O. BOX 7793 N/A
CITY - ST - ZIP	HOLLYWOOD, FL 33081
TITLE	S
NAME	MOTT, TOBIAS
STREET ADDRESS	2021 N 52ND
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/04/05-80041-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*RON MOTT* **RON MOTT**

**1-29-05**

Date

**954-581-4747**

Daytime Phone #