

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Jan 31, 2008 08:00 AM**
Secretary of State**DOCUMENT # G81013****1. Entity Name**
STATE PRIDE ROOFING OF FLORIDA, INC.**Principal Place of Business**2101 SCOTT AVENUE
P O BOX 1627
WEST PALM BEACH, FL 33402-1627 US**Mailing Address**P O BOX 1627
WEST PALM BEACH, FL 33402-1627 US

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE**4. FEI Number**

59-2368423

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**PARENT, KEN
6715 KENDALE WAY
LAKE WORTH, FL 33467**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 reissuing)

DATE

**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	DV
NAME	PARENT, KEN
STREET ADDRESS	6715 H=KENDALE WAY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	DPST
NAME	PARENT, CAROL
STREET ADDRESS	6715 KENDALE WAY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VP
NAME	PARENT, JOSEPH K
STREET ADDRESS	11384 SUNSET BLVD
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000809531
02/08/08-80026-021 158.75**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:***Ken Parent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-08

Date

561/686-8057

Daytime Phone #