

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H10778**

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



Principal Place of Business  
**4899 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303**

Mailing Address  
**4899 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2450120</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MCDANIEL, CAROLE  
4899 CAPITAL NW  
TALLAHASSEE, FL 32303**

**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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/08**

**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	P
NAME	MCDANIEL, WAYNE A
STREET ADDRESS	4899 CAPITAL CIRCLE NW
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	T
NAME	MCDANIEL, CAROLE A
STREET ADDRESS	4899 CAPITAL NW
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	V
NAME	MCDANIEL, WAYNE J.
STREET ADDRESS	4899 CAPITAL CIRCLE NW
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	S
NAME	NEWSOME, CHARLENE
STREET ADDRESS	231 NORTHWOOD ROAD
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/02/08-80024-006 150.00

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 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:**

*Charlene Newsome*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/10/08**

Date

**850-893-3470**

Daytime Phone #