

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90009 022 ***150.00

DOCUMENT # H16657 1. Entity Name L & L ROOFING, INC.					
Principal Place of Business % CHERIE LLOYD 1310 BUCKWOOD DRIVE ORLANDO, FL 32806			Mailing Address % CHERIE LLOYD 1310 BUCKWOOD DRIVE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box # % CHERIE LLOYD		3. Mailing Address % CHERIE LLOYD			
Suite, Apt. #, etc. 1310 BUCKWOOD DR.		Suite, Apt. #, etc. 1310 BUCKWOOD DR.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-2436417	
Zip 32806		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD, ROBERT JAMES 1310 BUCKWOOD DRIVE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Robert Lloyd</i></u> ROBERT LLOYD, PRESIDENT <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLOYD, CHERIE L 1310 BUCKWOOD DRIVE ORLANDO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LLOYD, CHERIE L. 1310 BUCKWOOD DR. ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLOYD, ROBERT D 1310 BUCKWOOD DRIVE ORLANDO, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLOYD, ROBERT J 1310 BUCKWOOD DR ORLANDO, FL 32806 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LLOYD, ROBERT J. 1310 BUCKWOOD DR. ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDDLESON, DAVID F 1099 KELLY CREEK CIRCLE OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert Lloyd</i></u> ROBERT LLOYD, PRESIDENT <u>3/16/07</u> <u>(407)435-2848</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					