## 2007 FOR PROFIT CORPORATION

## Jan 31, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # H28751 01-31-2007 90035 035 \*\*\*150.00 JOHN RODDY ROOFING, INC. Principal Place of Business Mailing Address P.O. BOX 266 1391 ROBIN HOOD LANE DUNEDIN, FL 34698 DUNEDIN, FL 34697 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01272007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 59-2464000 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODDY, JOHN F Street Address (P.O. Box Number is Not Acceptable) 898 EMERSON DR DUNEDIN, FL 34698 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS(\$150.00) After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE □ Delete RODDY, JOHN F NAME NAME STREET ADDRESS 898 EMERSON DRIVE STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE AUSTIN, DAVID NAME NAME STREET ADDRESS 1001 GREENWOOD AVE. STREET ADDRESS CLEARWATER, FL CITY-ST-7/P CITY-ST-ZIP CHARLOTTE A. RODDY TITLE Delete TITLE Change Addition 898 Emerati Dr NAME DAY, DAVID NAME 511 7TH AVE. N.E. STREET ADDRESS STREET ADDRESS Dunedin 61. 34698 CITY-ST-ZIP LARGO, FL 33770 CITY-ST-ZIE ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

**FILED** 

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 his/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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE!	harlotte	Q Yoda	CHARLOTTE A	RODDY	1-27-07	727 - 733-29	55
· ·	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Da	ate	Daytime Phone #	i

STREET ADDRESS