2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2008 8:00 am Secretary of State

J 2 16 69

1. Entity Nam	MENT # H50016 CE ROOFING, INC.	į			40 ***15	0.00			
Principal Place 4079 KENNE NORTH PORT	TT STREET	T .		400285	N T 6 4 1 4 4 9 1 4				
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address			-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01312008	Chg-P	CR2E0	34 (12/06)	•
City & State	3	City & State			4. FEI Number 59-2509	464		<u> </u>	plied For t Applicable
Zip	Country	Zip .	try		f Status Desired		\$8.75 Add	itional	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New R			
	MES G. NETT STREET ORT, FL 34288				(P.O. Box Number	is Not Acceptable)		
NOKIIII (JK1,1E 34200			City			FL	Žip Code	
SIGNATURE_	ions of registered agent. Signature, typed or printed name of registered age. E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa	ign Finar	+-	5.00 May Be ded to Fees		DATE		
10.	OFFICERS ANI	D DIRECTORS •	- 11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP JOYCE, JAMES G. 4079 KENNETT ST NORTH PORT, FL 34286	☐ Delete	TITLE NAM STRE	1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l		<u>.</u>	-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition
12. I hereby of indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em	th this filing does not qualify for is true and accurate and that is powered to execute this report	or the exi my signa t as requi	emptions containe ture shall have the red by Chapter 60	ed in Chapter 119, same legal effect 17, Florida Statutes	Florida Statutes. I as if made under o ; and that my name	further certinath; that I are appears in	ify that the in m an officer Block 10 or	nformation or director Block 11 if

ATTACHMEN'

JIM FODORA, MAI, CAE
SARASOTA COUNTY PROPERTY APPRAISER
2001 ADAMS LANE
SARASOTA, FL 34237-7090

HS0016 As Required

Tangible Personal Property Tax Return
CONFIDENTIAL Sections 193.074 F.S.
As Required by Sections 193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
2008

State of Florida, County of SARASOTA

40028514

 Federal EIN
 Soc. Sec. No.
 NAIC

 59-2509464
 238160

 Business Name (DBA-Doing Business As) and Mailing Address

B00900.2391 TOM JOYCE ROOFING, INC. 4079 KENNETT STREET NORTH PORT, FL 34288

TAX	CD:	050	0	TEF	₹:	30	0
SITU	JS:40	79	KEN	INETT	SI	ľ	
REAI	ID:	: 11	L43-	-07-24	174	1	
CVRI	. 201	562	ΛN	PEN	J •	Λ	\cap

If name and address is incorrect make necessary corrections This return subject to audit with all records kept by you. Incomplete entries are subject to penalties.	_	5. Date you began business in this county: 04/02/85 Fiscal year: 5a. Although my fiscal yr. ended prior to Dec. 31 of the past calendar yr., this return						
1. Please give name and telephone no. of Owner or Person in charge of this Business.								
JAMES JOYCE (941)484-98	30 <u>4</u>	reflects property addi	tions and deletions through Dec. 31.	Yes No				
Name TOM JOYCE ROOFING, INC.		6. Describe Type or Nature	of Your Business: <u>ROOF</u> RE	PAIR				
2. Actual Physical Location of Property for Which this Return is Filed (Street Address)			-					
SAME AS MAILING		7. Trade Level (Check as m	any as apply) Retail Wholesale	Manufacturing				
			rvice 🕅 Agriculture 🗍 Leasing/					
3. Is your business or farm located within the incorporated limits of a City?	-		ersonal Prop. Return in the county las					
Yes No X What City?			and where? Same as th					
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name?		·						
Yes No X		9. Former owner of Busine	ss: SAME					
Please Show name Exactly as it Appeared on Your most recent Personal Property Ta:	x	9a. If sold, to whom? N						
Bill or Other Current Tax Return.		Date Sold: /0/	Α					
DEDCOMAL BRODEDTY CHAMARY	TAV	PAYER'S EST.	ORIGINAL	APPRAISER'S				
PERSONAL PROPERTY SUMMARY THIS IS A SUMMARY SCHEDULE ONLY. The Schedules On PAGE 2 must		AIR MARKET	INSTALLED	USE ONLY				
be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.	QF I	VALUE	COST	COL CIVE!				
		5,536.	10,648.					
10. Office Furniture & Office Machines & Library		1,523.	3,860.					
11. EDP Equipment, Computers, Word Processors		1,523.						
12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.		12 500	21 072	· · · · · · · · · · · · · · · · · · ·				
13. Machinery and Manufacturing Equipment		13,500.	31,873.	 				
14. Farm, Grove, and Dairy Equipment								
15. Professional, Medical, Dental & Laboratory Equipment								
16. Hotel, Motel, & Apartment Complex								
16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances								
17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)								
18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools								
19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.	, -		27064	ار د سرمنسسسسس				
20. Leasehold improvements - group by type, year of installation, descript.								
21. Pollution Control Equipment				<u> </u>				
22. Equipment owned by you but rented, leased or held by others								
23. Supplies - Not Held for Resale		117.	117.					
24. Other - Please Specify								
TOTAL PERSONAL PROPERTY		21,407.	48,562.					
Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies this declaration is based on all information of which he/she has any knowledge.	that) WIDOW () WIDOWER () BLIND				
DATETITLE PRESIDENT		TAXABLE VALUE						
SIGNED								
SIGNED	(PAYER)	DEPUTY	PENA	LTY				
DALE E. DESJARDINS, SR. (PRE	PARER)	DI EASE SION AND SAFE	WOUR RETURN CENT THE COOK	NAL TO THE COUNTY				
ADDRESS 231 S. TAMIAMI TRAIL		APPRAISER'S OFFICE B	E YOUR RETURN, SEND THE ORIGI Y APRIL 1, UNSIGNED RETURNS CA	NNOT BE ACCEPTED				
NOKOMIS, FL 34275		 BY THE APPRAISER'S OFFICE. NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT 						
PHONE NO. (941) 488-0077 PREPAREN'S I.D. # 65-05479	112	ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.						
01/31/08	1		orm DR-405 (Rev. 12-02)					

ATTACHMENT 45028514 59-2509464

TOM JOYCE ROOFING, INC	C			1	# t	<u>50</u>	016	59-250	9464	2008
LINE 10/ Enter Applicable Line Number	(10-24) Fron		ESTIMATE OF	TAX ESTI	PAYE IMATI	R'S E O F	0	RIGINAL	APPR/	AISER'S USE ONLY
DESCRIPTION OF ITEM	AGE	YEAF PURCE	R. FAIR MARKET H. VALUE	Good	nditi: IAva.I		1N	STALLED COST	Condition	
OFFICE F & F		85	47.	1	1	X		236.		
OFFICE FURNITURE		88		\vdash		X				
			116.	\vdash		<u> </u>		<u>580.</u>	ļ	<u>-</u>
DESK		95	48.	<u> </u>	Х	Щ		241.	<u> </u>	
PHONE	12	96	21.	Щ,	X			107.		
CAMCORDER	[11	97	98.		Χ			492.		
ANSWERING MACH	10	98	21.		X			100.		
ROOF VIDEO T.V.	10	98	78.		Х			371.		
PHONES		98	67.		Х	-		321.		
FURNITURE		99	472.	\vdash	X			1,966.		
RADIO		99	73.	H	X	H		304.	 	
PHONE		00		37						
			35.	Х	<u> </u>			115.	<u> </u>	
OFFICE FURNITURE		02	208.	Х	<u> </u>			425.		
OFFICE EQUIPMENT		02	260.	X	Ь.,			530.		
OFFICE FURNITURE		04	585.	X				873.		
DIGITAL CAMERAS	4	04	697.	Х				1,041.		
COMPUTER	1	07	2,710.	X				2., 946.	ب میشمی	
	1=	-	<u> </u>	1	Γ-	-				
				T	 	H			 	
				-					-	
				1						,
<u> </u>					Щ.					
					<u> </u>					
				L						
			7,5 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!						-
	1				_					
					\vdash	1				
				-		-				·
				 	Ь.	-		_		
					Щ					
	- -				-					
	+			H	┝					
				 	\vdash	\dashv			<u> </u>	
				1	H				<u>></u>	
			_,. <u> ,</u>	Щ	\sqcup		المحتجب المرازا		J-0,0	
			 		ليا		,		<u> </u>	
		-> 3			 -				ب جحب	-
		~	manufacture and of 346 1.		Ŀ				<u></u>	
									~	
				П	П	\vdash				
				H	H					
			\	\vdash	\vdash	\dashv			 	<u></u>
			<u> </u>	\vdash	\vdash				 	
<u> </u>		\vdash		\vdash	\vdash	\vdash			⊢	
		Ь,	·	\vdash	<u> </u>]			<u> </u>	
		\sqcup			Ш					
						T				
·				П						
				1	-					
									1	
				\vdash	-					
Enter TOTALS on Page 1 - Continue on Separate Sh			5,536.					10,648.		

TOM TOYCE ROOFING, INC. #H50016 59-2509464 2008

TOM TOYCE ROOFING, I		·	<u>#H</u>	<u>50016</u> 59-250	19464	2008
LINE 130 Enter Applicable Line Number (10-24) From Page 1 YEAR		TAXPAYER'S ESTIMATE OF FAIR MARKET	TAXPAYER'S ESTIMATE OF Condition	-	APPRAISER'S USE ONI	
DESCRIPTION OF ITEM	AGE PURCH.	VALUE	GoodAvg.Poor		Condition	
TOOLS	15 93	11.	x	. 54.	5.7	
HIGH LIFT	15 93	70.	X	>350.	·	
WHEEL BARROW	15 93	11.	X	54.		
BLOWER	14 94	49.	X	246		`_
TOOLS	14 94	11.	X	55.		
METER	13 95	40.			1	
HIGH LIFT	13 95			200.		<u> </u>
		2,000.	X	10,000.		
TOOLS	13 95	59.	X	293.		
ROOF BLOWER	12 96	57.	X	259.		
EQUIPMENT	11 97	41.	X	170.		
TRAILER	11 97 .	388.		1,618.		
LADDER	11 97	34.	X	140.		
GENERATOR	11 97				 	
		60.	X	250.		
A/C UNIT	10 98	667.	X	2,300.		
EQUIPMENT	10 98	59 <u>.</u>	X	202.		<u> </u>
BLOWER	10 98	26.	X	91.		
TOOL BOX	10 98	133.	X	460.	1	
NAIL GUN	10 98	58.	E 1 x -	200		
WHEEL BARROW	10 98	12				
BATTERY CHARGER			X	43.	 	
	10 98	19.	X	64.	<u> </u>	
TOOLS	10 98	<u> </u>	X	53.		
COMPRESSOR	9 9 9	144.	X	400.		
ALUMINUM RAMP	8 00	177.	X	411.		
LATTER RACK	7 01	348.	X	696.		
TOOL BOX	7 01	152.	X	304.	 	
NAIL GUN						 -
	6 02	38.	X	66.		
TOOLS	6 02	27.	X	46.	<u> </u>	
TOOLS	6 02	98.	X	169.		
TOOLS	6 02	289.	X	498.		
MOTOR	6 02	1,994.	X	3,438.		
LADDER RACK	5 03	119.	X	181.		
NAIL GUN	4 04	461.	X		 	
				632.		
2 NAIL GUNS	4 04	485.	X	664.		
TOOL BOXES	4 0 4	1,361.	X	1,865.		
COMPRESSOR	4 04	1,054.	X	$1,\overline{444}$.		
ICE MACHINE	4 0 4	2,190.	X	3,000.		
NAIL GUN	4 04	312.	X	427.		
SCREW GUN	3 05	340.	X		 	
NAIL GUN				425.		
NOTE GOIN	2 06	91.	X	105.	<u> </u>	<u></u>
			<u> </u>			
The second secon				L '	I	
	7 7 -7 -					
<u></u>			 			
		· · · · · · · · · · · · · · · · ·		·		
		· · · · · · · · · · · · · · · · · · ·			 	
			\vdash		<u> </u>	
					<u> </u>	
		 			-	
				 	 	
		 	 			
			 	<u> </u>	<u> </u>	
					<u> </u>	
			_T			
		-7 -u -				
			 		<u> </u>	<u> </u>
	- -		┢═╌╂╌╌┤			<u> </u>
<u> </u>			 		<u> </u>	
	1 1 1		4 I I	1		
			-			
Enter TOTALS on Page 1 - Continue on Separate :	Sheet if Nec.	13,500.		31,873.		Form DR-405 (Rev. 7-9