

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90029 036 ***150.00

DOCUMENT # J11065 1. Entity Name A-A-A SCHWARTZ ROOFING, INC.					
Principal Place of Business 20037 KENILWORTH BLVD PORT CHARLOTTE, FL 33948			Mailing Address 1369 KENSINGTON ST. PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2699786	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCHWARTZ, DONALD M. 1369 KENSINGTON ST PORT CHARLOTTE, FL 33952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARTZ, DONALD M. 1369 KENSINGTON ST PORT CHARLOTTE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHWARTZ, SANDRA L. 1369 KENSINGTON ST PORT CHARLOTTE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHWARTZ, GEORGE M., SR. 1369 KENSINGTON ST PORT CHARLOTTE, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHWARTZ, CATHERINE F 1369 KENSINGTON ST PORT CHARLOTTE, FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-19-08 Daytime Phone #		

4004100



02162008 Chg-P CR2E034 (12/06)