

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18276

FILED  
Jun 16, 2008  
Secretary of State

Entity Name: ALLIED ROOFING, INC.

**Current Principal Place of Business:**

4105 W CAYUGA STREET  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15238  
TAMPA, FL 33684 US

**New Mailing Address:**

FEI Number: 59-2690416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWNSEND, DAVID A  
TOWNSEND & BRANNON  
608 WEST HORATIO ST  
TAMPA, FL 336062228 US

**Name and Address of New Registered Agent:**

TOWNSEND, DAVID A  
TOWNSEND & BRANNON  
608 WEST HORATIO ST  
TAMPA, FL 336064104 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

06/16/2008

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MECKLEY, EUGENE R  
Address: 4105 W CAYUCA ST  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: BRAUNER, RICHARD J  
Address: 4105 W CAYUGA STREET  
City-St-Zip: TAMPA, FL

Title: P,S ( ) Delete  
Name: SANTORO, JOHN M  
Address: 4105 W CAYUGA ST  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: LILLY, JEFFREY R  
Address: 4105 W CAYUGA ST  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. SANTORO

Electronic Signature of Signing Officer or Director

PRES

06/16/2008

Date