

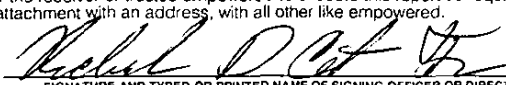


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90042 040 \*\*\*150.00

<b>DOCUMENT # J26067</b>					
1. Entity Name DEL RATON ROOFING COMPANY					
Principal Place of Business 105-5 SE 7 STREET DEERFIELD BEACH, FL 33441 US			Mailing Address 917 SE 14TH CT. DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business - No P.O. Box # 301 NE 25th Street		3. Mailing Address 301 NE 25th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 59-2724702	
Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33064	Country USA	Zip 33064	Country USA	01242008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RAYNOR, RANDY 917 SE 14TH COURT DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name CRAFT, RICHARD D., JR. Street Address (P.O. Box Number is Not Acceptable) 301 NE 25th Street City Pompano Beach FL Zip Code 33064		
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:  DATE: _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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	STD RAYNOR, LONNIE 917 SE 14TH COURT DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRAFT, RICHARD D., JR. 301 NE 25th Street Pompano Beach, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYNOR, RANDY 917 SE 14TH CT DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				754-235-3953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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