

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J29802

1. Entity Name

ROOF TILE SPECIALISTS, INC. - POMPANO



Principal Place of Business

2953 SW BRUNER TERACE
PALM CITY, FL 34990

Mailing Address

7980 ENTERPRISE DR.
NEWARK, CA 94560

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08132008 Chg-P CR2E034 (12/06)

4. FEI Number

59-2706214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIKEL, DAVID L
1011 FAIRFIELD DR.
WEST PALM BEACH, FL 33407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE NAME | PD PETERSEN, JAMES | <input type="checkbox"/> Delete |
| STREET ADDRESS | 50 KINDRED STREET, SUITE 107 | |
| CITY-ST-ZIP | STUART, FL 34994 | |
| TITLE NAME | VSTD VAN BEEK, DAVID | <input type="checkbox"/> Delete |
| STREET ADDRESS | 50 KINDRED STREET, SUITE 107 | |
| CITY-ST-ZIP | STUART, FL 34994 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE NAME | PD Petersen, James | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7980 Enterprise Dr. | |
| CITY-ST-ZIP | Newark CA 94560 | |
| TITLE NAME | VSTD Van Beek, David | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7980 Enterprise Dr. | |
| CITY-ST-ZIP | Newark, CA 94560 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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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

Daytime Phone #

David Van Beek

KS