

**2008 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J48648</b>	
1. Entity Name <b>RESIDENTIAL ROOFING, INC.</b>	
Principal Place of Business <b>15619 CASHMERE LANE TAMPA, FL 33624 US</b>	Mailing Address <b>15619 CASHMERE LANE TAMPA, FL 33624 US</b>



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2875944</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LAIR, JAMES A. 15619 CASHMERE LANE TAMPA, FL 33624</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 constituting) 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**

**U00000886895  
04/18/08-80077-004 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAIR, JAMES A. 15619 CASHMERE LANE TAMPA, FL 33624</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MIKE BYRNE 2525 CUDJOE LANE LAND O' LAKES, FL 34639</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MIKE ALBERSON 5101 LAKE LE CLARE RD. LUTZ, FL 33558</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STEVE PEAVY 5101 LAKE LE CLARE RD. LUTZ, FL 33558</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**4/1/08 813-968-6375**  
Date Daytime Phone #