


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # J58839	
1. Entity Name CLEMENTI ROOFING, INC.	

Principal Place of Business 4513 REDCOAT DR. ZEPHYRHILLS FL 33543	Mailing Address 4513 REDCOAT DR. ZEPHYRHILLS FL 33543
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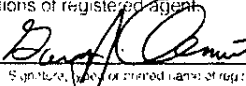
2. Principal Place of Business - No P.O. Box # 4513 REDCOAT DR.	3. Mailing Address 4513 REDCOAT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ZEPHYRHILLS FL.	City & State ZEPHYRHILLS FL.
Zip 33543	Country U.S.A.

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent CLEMENTI, GARY JOSEPH 4513 REDCOAT DR. ZEPHYRHILLS FL 33543	
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4. FEI Number 59-2784228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 	GARY J. CLEMENTI - OWNER/PRES. 4-4-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PST CLEMENTI, GARY JOSEPH 4513 REDCOAT DR ZEPHYRHILLS FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CLEMENTI, GARY JOSEPH 4513 REDCOAT DR ZEPHYRHILLS FL 33543
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000833207 04/21/08-80011-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	GARY J. CLEMENTI - OWNER 4-4-08 - 813-610-0922
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