

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J85726

**FILED**  
**Aug 10, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL ROOFING OF HERNANDO COUNTY, INC.

**Current Principal Place of Business:**

10339 CHALMER ST  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

**Current Mailing Address:**

10339 CHALMER ST  
SPRING HILL, FL 34608 US

**New Mailing Address:**

**FEI Number:** 59-2845933      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LINVILLE, ROBERT W.  
10339 CHALMER ST  
SPRING HILL, FL 34608 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LINVILLE, ROBERT  
Address: 10339 CHALMER ST  
City-St-Zip: SPRING HILL, FL

Title: TREA  
Name: KALINSKY, ROSS  
Address: 9805 LEHIGH DR.  
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

SIGNATURE: ROBERT LINVILLE

P

08/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date