


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90041 029 \*\*\*150.00

<b>DOCUMENT # J88509</b> 1. Entity Name ROOFING TECHNOLOGIES, INC.	
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Principal Place of Business <b>505 NO. PARK AVE. #209 WINTER PARK, FL 32789 US</b>	Mailing Address <b>921 COPPERFIELD TERRACE CASSELBERRY, FL 32707 US</b>
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2. Principal Place of Business - No P.O. Box # <b>260 Lookout Pl</b>	3. Mailing Address
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Suite, Apt. #, etc. <b># 101</b>	Suite, Apt. #, etc.
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City & State <b>Maitland FL</b>	City & State
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Zip <b>32751</b>	Country <b>US</b>	Zip	Country
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40021324



01032008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2857696</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>RAUKTIS, KATHRYN S. 921 COOPERFIELD TERR. CASSELBERRY, FL 32707</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAUKTIS, KATHRYN S. 921 COOPERFIELD TERR. CASSELBERRY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAUKTIS, LARRY J. 921 COOPERFIELD TERR. CASSELBERRY, FL <input type="checkbox"/> Delete	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"/> 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:** Kathryn S Rauktis 1/24/08 407-647-6090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #