

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K45876

1. Entity Name
A-1-A ROOFING & ALUMINUM, INC.



FILED

07 MAR 22 PM 1:18

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
827 ORANGE AVE.
PORT ORANGE, FL 32119

Mailing Address
3435 SPRING OAK LANE
PORT ORANGE, FL 32129

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

03152007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2919635

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALL FLORIDA FIRM, INC
465 S VOLUSIA AVE STE C
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name Friebis, Daniel

Street Address (P.O. Box Number is Not Acceptable)

3890 Turtle Creek Dr. Ste. B

City Port Orange

FL

Zip Code 32127

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 of current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-07

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME GELOW, GEORGE JR.
STREET ADDRESS 2006 GRAHAM AVE.
CITY-ST-ZIP S. DAYTONA, FL 32119

TITLE P ☐ Delete
NAME GELOW, JAMES J
STREET ADDRESS 3435 SPRING OAK LANE
CITY-ST-ZIP PORT ORANGE, FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100095884421
04/05/07--01030--011 **\$1.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James J. Gelow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

3867616361

Daytime Phone #