2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-26-2007 90071 028 ***158.75

DOCUMENT # K57108

1. Entity Name
AMERICAN STANDARD ROOFING, INC.

Principal Place of Business	Mailing Address
1037 NW 31ST AVENUE POMPANO BCH., FL 33069 US	PO BOX 8527 DEERFIELD BCH., FL 33443

000001U6

01242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2040 NW 40TH COURT		2040 NW 40TH COURT	
Suite, Apt. #, etc.: SUITE #3		Suite, Apt. #, etc.: #3	
City & State: POMPANO BCH., FL		City & State: POMPANO BCH., FL	
Zip: 33064	Country: USA	Zip: 33064	Country: USA

4. FEI Number: 65-0090024 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINTZLER, BRUCE
1037 NW 31ST AVENUE
POMPANO BCH., FL 33069

7. Name and Address of New Registered Agent

Name: BRUCE KINTZLER
Street Address (P.O. Box Number is Not Acceptable): 2040 NW 40TH COURT #3
City: POMPANO BCH., FL Zip Code: 33064

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	KINTZLER, BRUCE	
STREET ADDRESS	5282 1ST ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	VP	☐ Delete
NAME	KINTZLER, JULI-ANN	
STREET ADDRESS	5282 1ST ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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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		
TITLE		☐ Change ☐ Addition
NAME		
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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: [signature] 3-8-07 954-978-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #