

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 014 ***158.75

DOCUMENT # K89096

1. Entity Name
AMERICAN ROOF TECHNOLOGY, INC.



Principal Place of Business
**6574 NORTH STATE ROAD 7
#295
COCONUT CREEK, FL 33073 US**

Mailing Address
**6574 N STATE RD 7
STE. 295
COCONUT CREEK, FL 33073 US**

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0118678

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, ROBERT G JR.
6574 N STATE RD 7
STE. 295
COCONUT CREEK, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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, 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	C
NAME	JOHNSTON, ROBERT G. JR
STREET ADDRESS	6574 N STATE RD 7, STE. 295
CITY-ST-ZIP	COCONU CREEK, FL

TITLE	ST
NAME	JOHNSTON, BETTY PATRICIA
STREET ADDRESS	6574 N STATE RD 7, STE. 295
CITY-ST-ZIP	COCONUT CREEK, FL

TITLE	P
NAME	JOHNSTON, ROBERT G JR.
STREET ADDRESS	6574 N STATE RD 7, STE. 295
CITY-ST-ZIP	COCONUT CREEK, FL

TITLE	D
NAME	MURTON, EDWARD
STREET ADDRESS	6574 N. STATE RD 7 #295
CITY-ST-ZIP	COCONUT CREEK, FL 33073

*Please
Delete*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty Johnston
4/20/2007

Date

954-796-0423
Daytime Phone #