2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90015 002 ***158.75

DOCUMENT # L34303

1. Entity Name

SAL VITALE THE ROOF DOCTOR, INC.

Principal Place of Business	Mailing Address
2700 ATLANTIC STREET #6 MELBOURNE FL 32951-2840	2700 ATLANTIC STREET #6 MELBOURNE FL 32951-2840

CHANGE TO

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2920 PENNSYLVANIA ST	2920 PENNSYLVANIA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32904 Country: BREVARD	Zip: 32904 Country: BREVARD

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3025661 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITALE, SALVATORE
2700 ATLANTIC AVE., #6
MELBOURNE BEACH FL 32951-2840

7. Name and Address of New Registered Agent

Name: PAUL KESSLER
Street Address (P.O. Box Number is Not Acceptable): 2920 PENNSYLVANIA AVE
City: MELBOURNE FL Zip Code: 32904

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: X Paul Kessler PAUL KESSLER 1/24/08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KESSLER, PAUL 2920 PENNSYLVANIA AVE. MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VITALE, SALVATORE 2700 ATLANTIC ST., #6 MELBOURNE BEACH FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VITALE, CAROL A 2700 ATLANTIC ST #6 MELBOURNE BCH FL 32951	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAREN KESSLER 2920 PENNSYLVANIA AVE W. MELBOURNE, FL 32904 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SALVATORE VITALE 1/24/08 3217252104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone #