


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # L36692
 1. Entity Name
A & A ROOFING COMPANY, INC.



Principal Place of Business 1600 TENNESSEE AVE. UNIT A LYNN HAVEN, FL 32444	Mailing Address 1600 TENNESSEE AVE UNIT A LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREWS, KENNETH W.
 4521 SCHOONER LANE
 LYNN HAVEN, FL 32444**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDREWS, KENNETH W. 4521 SCHOONER LANE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANDREWS, KENNETH W. 4521 SCHOONER LANE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDREWS, KENNETH W. 4521 SCHOONER LANE LYNN HAVEN, FL 32444
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 04/03/08-80052-008 150.00

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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:  **Kenneth Andrews** 3/14/08 (850) 271-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #