2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M75025

1. Entity Name
CHUCK SHOEMAKER ROOFING, INC.

Principal Place of Business	Mailing Address
14249 OTTER RUN ROAD	14249 OTTER RUN ROAD
TALLAHASSEE, F 32312 US	TALLAHASSEE, F 32312 US

DO NOT WRITE IN THIS SPACE

04112007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2881291		Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, BRIAN E.
903 1/2 N MONROE ST
TALLAHASSEE, FL 32303

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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	D
NAME	FITZGERALD, BRIAN E.
STREET ADDRESS	119 N. MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PS
NAME	SHOEMAKER, CHARLES B.
STREET ADDRESS	14249 OTTER RUN RD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80032-002 150.00

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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: _Charles B Shoemaker_ CHARLES B SHOEMAKER PRESIDENT 4-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #