


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90046 005 \*\*\*158.75

<b>DOCUMENT # M83420</b>	
1. Entity Name MID-COUNTY ROOFING, INC.	

Principal Place of Business 1170 CENTRAL AVE. SARASOTA, FL 34236	Mailing Address 1170 CENTRAL AVE. SARASOTA, FL 34236
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**DO NOT WRITE IN THIS SPACE**

400020...



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0052760	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  POLTROCK, CYNTHIA S. 1641 SHELBURNE LN. SARASOTA, FL 34231
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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 *Cynthia S. Poltrock* DATE 01/10/08

Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLTROCK, CYNTHIA S. 1641 SHELBURNE LN. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REED, FRANCES C. 1641 SHELBURNE LN. SARASOTA, FL 34231
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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: *Cynthia S. Poltrock* CYNTHIA S. POLTROCK 01/10/08 (941) 366-1620

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