2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M95445

1. Entity Name
DOCTOR ROOF, INC.

Principal Place of Business	Mailing Address
5920 OLD DIXIE HWY	5920 OLD DIXIE HWY
VERO BEACH, FL 32967 US	VERO BEACH, FL 32967 US

DO NOT WRITE IN THIS SPACE

04032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0085373	Not Applicable

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

6. Name and Address of Current Registered Agent

PARKS, JAMES
5920 OLD DIXIE HWY
VERO BEACH, FL 32967

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

U00000306358
05/02/08-80019-007 150.00

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	DP
NAME	PARKS, JAMES
STREET ADDRESS	5920 OLD DIXIE HWY
CITY-ST-ZIP	VERO BEACH, FL 32967

TITLE	
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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: _K Parks (James R. Parks)_   4-8-08   772-562-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #