

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000034414	
1. Entity Name CHARLES COUTURE ROOFING AND SHEET METAL, INC.	

Principal Place of Business 15740 SOUTH US HWY 441 SUMMERFIELD FL 34491	Mailing Address POB 889 SUMMERFIELD FL 34492
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3640873	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COUTURE, CHARLES A 15740 SOUTH US HWY 441 SUMMERFIELD FL 34491		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

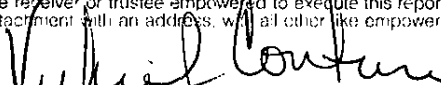
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent's signature required when filing for g.)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete	NAME COUTURE, CHARLES A	TITLE ☐ Change ☐ Addition	
STREET ADDRESS 15740 SOUTH US HWY 441	CITY-ST-ZIP SUMMERFIELD FL 34491	NAME	
TITLE STD ☐ Delete	NAME COUTURE, VICKIE J	TITLE 000000886403 ☐ Change ☐ Addition	
STREET ADDRESS 15740 SOUTH US HWY 441	CITY-ST-ZIP SUMMERFIELD FL 34491	NAME 04/18/09-80055-001 150.00	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	

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: 	3/24/08	352-347-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Phone Number