


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90005 014 ***150.00

DOCUMENT # P00000099385 1. Entity Name DAVIDE CARL ROOFING, INC.					
Principal Place of Business 726 WESTERN BLVD LAKE PLACID, FL 33852			Mailing Address 726 WESTERN BLVD LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3677931	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARL DAVID J 726 WESTERN BLVD LAKE PLACID, FL 34852					
7. Name and Address of New Registered Agent Name CARL DAVIDE J. Street Address (P.O. Box Number is Not Acceptable) 726 Western Blvd. City Lake Placid FL Zip Code 33852					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVID J 726 WESTERN BLVD LAKE PLACID, FL 34852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDT CARL, DAVIDE J 726 Western Blvd. LAKE PLACID FL 33852	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>David Carl</i> DAVIDE CARL		Date 27 Feb 07		Daytime Phone # 863-465-5697	