## **2008 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Feb 21, 2008 08:00 A Secretary of State **DOCUMENT # P00000099385** DAVIDE CARL ROOFING, INC. Principal Place of Business Mailing Address 726 WESTERN BLVD 726 WESTERN BLVD LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 CR2E034 (11/05) 01062008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3677931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CARL, DAVID J DO NOT WRITE 726 WESTERN BLVD LAKE PLACID, FL 34852 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 DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS SVDT TITLE NAME CARL, DAVIDE J 726 WESTERN BLVD STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 34852 U00000833535 TITLE 02/28/08-80016-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

ER OR DIRECTOR

Dete

Devome Phone #