

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000002989

FILED
Jan 04, 2007
Secretary of State

Entity Name: ELLENTON ROOF & ALUMINUM, INC.

Current Principal Place of Business:

10015 OLD TAMPA RD
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

10015 OLD TAMPA RD
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-1071715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESLAURIERS, DAVID R
10015 OLD TAMPA RD
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DESLAURIERS, DAVID R
Address: 10015 OLD TAMPA RD
City-St-Zip: PARRISH, FL 34219

Title: 1VP () Delete
Name: DESLAURIERS, DOUGLAS
Address: 5431 4TH ST CT E
City-St-Zip: BRADENTON, FL 34203

Title: 2VP () Delete
Name: DESLAURIERS, PHILIP
Address: 2813 104TH AVE E
City-St-Zip: PARRISH, FL 34219

Title: ST () Delete
Name: DESLAURIERS, JEAN
Address: 10015 OLD TAMPA RD
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: DESLAURIERS, PHILIP
Address: 8204 29TH ST E
City-St-Zip: ELLENTON, FL 34222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN DESLAURIERS

ST

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date