
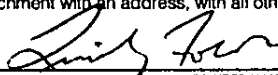


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000011300		
1. Entity Name LINDSAY FOLDS ROOFING, INC.		
Principal Place of Business 3120 MATCHLOCK DR. HOLIDAY, FL 34690		Mailing Address 3120 MATCHLOCK DR. HOLIDAY, FL 34690
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOLDS, LINDSAY B JR. 3120 MATCHLOCK DR. HOLIDAY, FL 34690		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 _____ <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 \$160.00 After May 1, 2008 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		04730708-80017-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT FOLDS, LINDSAY B JR. 3120 MATCHLOCK DR. HOLIDAY, FL 34690	DO NOT WRITE IN THIS SPACE
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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: 		4-14-08 727 846-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #