2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P01000037319** 04-19-2007 90198 014 ***150.00 1. Entity Name ROOF SERVICES, INC. Mailing Address Principal Place of Business 209 NW 12TH AVE. 209 NW 12TH AVE. POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33069 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-1092041 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent DEAN, LANA Ł Street Address (P.O. Box Number is Not Acceptable) 145 NORTH MAGNOLIA AVENUE ORLANDO, FL 32802-2828 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, lyped or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN 11 OFFICERS AND DIRECTORS 11. 10. Change . **PRES** PRES 1 DIR ☐ Addition Delete TITLE TITLE WALLICK, GREGG NAME NAME 11901 S. W. 3RD STREET STREET ADDRESS 309 NW 1241 AVENUE STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIP TREAS/SEC TRES ☐ Addition ☐ Delete TITLE 72 Change TITLE KNOX, KENT NAME NAME 209 NW 12th AVENUE STREET ADDRESS 11115 NW 18TH COURT STREET ADDRESS POMPANO BEACH F CORAL SPRINGS, FL 33071 CITY-ST-ZIP CITY-ST-ZIP Change ASST ☐ Addition TITLE ☐ Delete TITLE APPLEBLATT, MICHELE NAME NAME 209 NW 12th AVENUE STREET ADDRESS 5789 NW 48 DRIVE STREET ADDRESS CORAL SPRINGS, FL 33067 CITY-ST-ZIP POMPANO BEACH CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE DALE E, EBY NAME NAME STREET ADDRESS STREET ADDRESS 209 NW 1294 AVENUE Pompano Be CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change **Addition** NAME NAME **L**#WOLHA STREET ADDRESS STREET ADDRESS 209 NW CITY-ST-ZIP CITY-ST-ZIP Po<u>mpano</u> Delete TITLE TITLE NAME CLIFTON NAME STREET ADDRESS STREET ADDRESS NW 12th 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 tree 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 at other like empowered.

ED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED