


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90349 035 ***150.00

DOCUMENT # P01000037319 1. Entity Name ROOF SERVICES, INC.					
Principal Place of Business 209 NW 12TH AVE. POMPANO BEACH, FL 33069 US			Mailing Address 209 NW 12TH AVE. POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1092041	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, LANA L 145 NORTH MAGNOLIA AVENUE ORLANDO, FL 32802-2828			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLICK, GREGG 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KNOX, KENT 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS APPLEBLATT, MICHELE 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EBY, DALE E 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, TIMOTHY 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKS, CLIFTON 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, BRYAN 209 NW 12TH AVE POMPANO BEACH, FL 33069	<input checked="" 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: _____ _____ GREGG WALLICK, PRESIDENT		Date: 4/24/08		Daytime Phone #: 954-941-9111	