2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
01-23-2007 90039 045 ***150.00

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1. Entity Name
NEAL STRICKLAND ROOFING, INC.

Principal Place of Business	Mailing Address
463 HWY 17 S SAN MANTEO, FL 32187	P.O.BOX 428 SAN MATEO, FL 32187

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721853
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, NEAL W
283 EAST END RD
SAN MANTEO, FL 32187

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRICKLAND, NEAL W
STREET ADDRESS	283 EAST END RD
CITY-ST-ZIP	SAN MANTEO, FL 32187
TITLE	S
NAME	STRICKLAND, KAREN
STREET ADDRESS	283 E. END ROAD
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	P
NAME	KRISER, QUINN
STREET ADDRESS	~~1420 CARR STREET~~ 3 PUTTER LANE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Karen Strickland 2/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #