## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2007 08:00 AM Secretary of State

DOCL	<b>JMFNT</b>	# P02	วดดดร	<u> </u>
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1. Entity Name

RYMER ROOFING MATERIALS, INC.



Principal Place of Business

Mailing Address

1026 HAMILTON AVE TARPON SPRINGS, FL 34689 1026 HAMILTON AVE TARPON SPRINGS, FL 34689



DO NOT WRITE IN THIS SPACE

01292007	No Chg-P	CR2E034 (11/05)

4. FEI NUMBER		l	Applica
04-3586165			Not Applicable
5. Certificate of Status Desired	\$8.7 • Fee F		Additional iired

6. Name and Address of Current Registered Agent

VINSON, WILLIAM L 110 SOUTH LEVIS AVE TARPON SPRINGS, FL 34689

## 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						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYMER, STEPHEN L 1026 HAMILTON AVE TARPON SPRINGS, FL 34689				U00000624473 02/14/07-80034-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
<b>12.</b> I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions con	tained in Chapter 119	9, Florida Statutes. I further certify that the information	

12. 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 articless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-0

72.7-947-3853

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