


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**


09-09-2008 90001 032 \*\*\*150.00

<b>DOCUMENT # P02000000856</b>	
1. Entity Name <b>SEYFORTH ROOFING COMPANY</b>	

Principal Place of Business <b>873 WEST BAY DRIVE #195 LARGO, FL 33770</b>	Mailing Address <b>873 WEST BAY DRIVE #195 LARGO, FL 33770</b>
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**DO NOT WRITE IN THIS SPACE**

**40115434**



09052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>80-0026419</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAND, MATT B 873 WEST BAY DRIVE STE 195 LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P HAND, DAN B 873 WEST BAY DRIVE STE 195 LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. FILES, KEETON H 873 WEST BAY DRIVE STE 195 LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA FILES, KEETON H 873 WEST BAY DRIVE STE 195 LARGO, FL 33770</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **9-5-08 214-341-4909**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #