

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006224

FILED
Jan 24, 2007
Secretary of State

Entity Name: ROBERT BINNS ROOFING, INC.

Current Principal Place of Business:

3966 BERKLEY RD.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

3966 BERKLEY RD.
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 43-1951384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BINNS, MELISSA A
140 LAKEVIEW DR
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

BINNS, ROBERT W
140 LAKEVIEW DR
AUBURNDALE, FL 33823 US

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.

SIGNATURE: ROBERT W BINNS

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BINNS, ROBERT W PRES
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: BINNS, MELISSA A SEC
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: BINNS, ROBERT W PRES
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Delete
Name: BINNS, ROBERT W
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Delete
Name: BINNS, MELISSA A
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Delete
Name: BINNS, MELISSA A TRESURE
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BINNS, ROBERT W SEC
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change () Addition
Name: BINNS, ROBERT W TREAS
Address: 140 LAKEVIEW DR
City-St-Zip: AUBURNDALE, FL 33823

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W BINNS

PRES

01/24/2007

Electronic Signature of Signing Officer or Director

Date