

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000049210**

1. Entity Name

WAYNE WILLIAMS ROOFING, INC.



Principal Place of Business

1948 EAST HALIFAX DRIVE  
PORT ORANGE FL 32128

Mailing Address

1948 EAST HALIFAX DRIVE  
PORT ORANGE FL 32128



2. Principal Place of Business - No P.O. Box #

1948 East Halifax Dr.

3. Mailing Address

1948 East Halifax Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Port Orange FL

City & State

Port Orange FL

Zip

32128

Country

Volusia

Zip

32128

Country

Volusia

4. FEI Number

01-0680864

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WAYNE  
1948 E. HALIFAX DRIVE  
DAYTONA BEACH FL 32128

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

*Wayne G. Williams*

JAN. 25, 2008

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent's signature required when reconstituting)

DATE

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, WAYNE	
STREET ADDRESS	1948 E. HALIFAX DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JUSTIN WAYNE	
STREET ADDRESS	1948 E. HALIFAX DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000800996	
STREET ADDRESS	01/31/08-80038-025 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Wayne G. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 25, 2008

Date

Daytime Phone #