


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 042 ***150.00

DOCUMENT # P02000100770	
1. Entity Name CIRSCO, COMMERCIAL INDUSTRIAL ROOF SERVICES COMPANY	

Principal Place of Business P O BOX 89743 TAMPA, FL 33689	Mailing Address P O BOX 89743 TAMPA, FL 33689
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2. Principal Place of Business - No P.O. Box # 1430 Hobbs Street	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA Florida	City & State
Zip 33619	Country USA

6. Name and Address of Current Registered Agent RODRIGUEZ DILLINGER, HIGINIO M 5964 JAEGER GLEN DRIVE LITHIA, FL 33547	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ DILLINGER, HIGINIO M 5964 JAEGER GLEN DRIVE LITHIA, FL 33547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Higinio M. Rodriguez Dillinger **04-11-07** **813-684-8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40060033



04112007 Chg-P CR2E034 (12/06)