2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2008 08:00 A Secretary of State DOCUMENT # P02000111303 1. Entity Name WIDNER ROOFING, INC. Principal Place of Business Mailing Address 37437 WARREN AVENUE 37437 WARREN AVENUE DADE CITY, FL 33523 DADE CITY, FL 33523 No Chg-P CR2E034 (11/05) 02052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 91-2186744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIDNER, ERNEST L DO NOT WRITE 37437 WARREN AVENUE DADE CITY, FL 33523 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 мау Ве Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME WIDNER, ERNEST L STREET ADDRESS 37437 WARREN AVENUE CITY-ST-ZIP DADE CITY, FL 33523 TITLE U00000992117: NAME WIDNER, SHERRY 04/29/08-80094-024 150.00 STREET ADDRESS 37437 WARREN AVENUE CITY - ST - ZIP DADE CITY, FL 33523 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-ZIP

Daytime Phone #