

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 019 ***150.00

DOCUMENT # P03000010643

1. Entity Name

THERMA SEAL ROOF SYSTEMS, INC.



Principal Place of Business
1334 S. KILLIAN DR. #4
LAKE PARK FL 33403

Mailing Address
1334 S. KILLIAN DR. #4
LAKE PARK FL 33403



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

1011 Fairfield Dr.

Suite, Apt. #, etc.

3. Mailing Address

1011 FAIRFIELD Dr.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Mangonia Park

City & State

Mangonia Park

4. FEI Number

72-1546117

Applied For

Not Applicable

Zip

33407

Country

P. Beach

Zip

33407

Country

PAIM Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WIKEL, DAVID L
4227 HYACINTH CIRCLE SOUTH
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

DAVE L. WIKEL

Street Address (P.O. Box Number is Not Acceptable)

3711 Holly Drive

City

PAIM Beach Gardens FL

Zip Code

33410

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 P
NAME WIKEL, DAVID L ☐ Delete
STREET ADDRESS 4227 HYACINTH CIRCLE SOUTH
CITY- ST- ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 561-721-9921

Date

Daytime Phone #