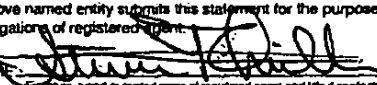
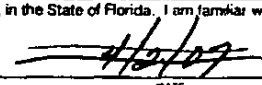
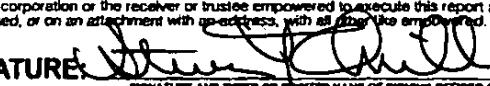


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-11-2007 90013 014 ***150.00

DOCUMENT # P03000051716		
1. Entity Name S & F ROOFING, INC.		
Principal Place of Business 9483 COUNTRY ROAD BROOKSVILLE, FL 34613		Mailing Address 9483 COUNTRY ROAD BROOKSVILLE, FL 34613
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLER, STEVEN R 9483 COUNTRY ROAD BROOKSVILLE, FL 34613		DO NOT WRITE 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:  DATE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD MILLER, STEVEN R 9483 COUNTRY ROAD BROOKSVILLE, FL 34613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 118, 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 employment.		
SIGNATURE:  4/24/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

President