

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90034 002 \*\*\*158.75

**DOCUMENT # P03000053095**

1. Entity Name  
**ATLANTIC ROOFING OF FLORIDA II, INC.**



Principal Place of Business  
**5315 NW 22ND AVE.  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**5315 NW 22ND AVE  
TAMARAC, FL 33309**

**60007499**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**13-4251366**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONN, JOSEPH R  
11601 NW 13TH MANOR  
POMPANO BEACH, FL 33071**

Name  
**Conn, Joseph R**  
Street Address (P.O. Box Number is Not Acceptable)  
**10421 Willow Oaks Trail**  
City  
**Boynton Beach** FL Zip Code  
**33437**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDS  
CONN, JOSEPH R  
11601 NW 13TH MANOR  
POMPANO BEACH, FL 33071** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDS  
Conn, JOSEPH R  
10421 WILLOW OAKS TRAIL  
BOYNTON BEACH FL 33437** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
MORAKIS, KAREN J  
4899 NORTH CLASSICAL BLVD  
DELRAY BEACH, FL 33445** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPTD  
MORAKIS, KAREN J  
7305 VIA LEONARDO  
BOYNTON BEACH FL 33467** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.**

DATE

Daytime Phone #