

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2007 08:00 A
Secretary of State**DOCUMENT # P03000057067**1. Entity Name
AVAILABLE ROOFING INC.Principal Place of Business
**17535 WING AVE.
PORT CHARLOTTE, FL 33948 US**Mailing Address
**17535 WING AVE.
PORT CHARLOTTE, FL 33948 US**

04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
36-4531834Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****TURCOTTE, JOSEPH B
17535 WING AVE
PORT CHARLOTTE, FL 33948****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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**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
**P
TURCOTTE, JOSEPH B
17535 WING AVE.
PORT CHARLOTTE, FL 33948**TITLE
NAME
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CITY-ST-ZIPU00000757154
05/23/07-80058-020 158.75**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

Joseph B. Turcotte PRESIDENT 4-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH H. B. TURCOTTE