2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063887

Title:

Name:

Address:

City-St-Zip:

TREA

() Delete

CARRILLO, MICHELLE S

6219 N LOIS AVENUE

TAMPA, FL 33614

FILED Apr 30, 2007 Secretary of State

Entity Nar	ne: ROOFING	EQUIPMENT OF FLORIDA, I	NC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	RANT STREET), FL 32806						
Current Mailing Address:			New Maili	New Mailing Address:			
	RANT STREET), FL 32806						
FEI Number:	56-2369462	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Statu	ıs Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
14716 HAF	R, JAMES D RTFORD RUN D, FL 32828	DRIVE US					
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered	office or registered	l agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt		Date		
Election Car	npaign Financing	Trust Fund Contribution (X).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BRAUNER, JAM 14716 HARTFO ORLANDO, FL	RD RUN DRIVE	Title: Name: Address: City-St-Zip:	P () BRAUNER, JA 440 W GRANT ORLANDO, FL	STREET	1	
Title: Name: Address: City-St-Zip:	VP () WHITTAKER, AI 418 PIEDMONT ORLANDO, FL	STREET	Title: Name: Address: City-St-Zip:	VP (X WHITTAKER, 440 W GRANT ORLANDO, FL	STREET	1	
Title: Name: Address: City-St-Zip:	SEC (X) GRISSOM, LISA 418 PIEDMONT ORLANDO, FL	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES D. BRAUNER **PRES** 04/30/2007

() Change () Addition