## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # P03000063887** 04-28-2008 90385 020 \*\*\*150.00 ROOFING EQUIPMENT OF FLORIDA, INC. Principal Place of Business Mailing Address 440 W. GRANT STREET 440 W. GRANT STREET ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-2369462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAUNER, JAMES D Street Address (P.O. Box Number is Not Acceptable) 14716 HARTFORD RUN DRIVE ORLANDO, FL 32828 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change | Addition BRAUNER, JAMES D NAME NAME 440 W GRANT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change Addition WHITTAKER, ANTHONY NAME NAME STREET ADDRESS 440 W GRANT STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP TREA TREA TITLE Delete TITLE ☐ Change Addition CARRILLO, MICHELLE S DMMI NAME NAME 4716 HARTFOR 6219 N LOIS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP ORLANDO TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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

STREET ADORESS

CITY-ST-7IP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

FILED