

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000115076

1. Entity Name
PARKER BROS. ROOFING OF BREVARD, INC.



FILED

07 MAY 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2591 VERMONT ST
MELBOURNE, FL 32904

Mailing Address
2591 VERMONT ST
MELBOURNE, FL 32904

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

3. Mailing Address
114 HANSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



City & State

City & State
INTERLACHEN, FL

Zip

Country

Zip
32148

Country
FLORIDA

4. FEI Number
81-0635766

Applied For
Not Applicable

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

PARKER, NEENA
2591 VERMONT ST
MELBOURNE, FL 32904

Name
PARKER, NEENA

Street Address (P.O. Box Number is Not Acceptable)

114 HANSON RD

City
INTERLACHEN

FL

Zip Code
32148

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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, NEENA
2591 VERMONT ST
MELBOURNE, FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, NEENA
114 HANSON RD
INTERLACHEN, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

5/17/07 352-546-1114

Date

Daytime Phone #