


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119880 1. Entity Name ALLBRITTON ROOFING & CONSTRUCTION INC.	
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Principal Place of Business 11405 BRIGHT STAR CIRCLE TALLAHASSEE, FL 32305	Mailing Address 181 FALLWOOD LANE CRAWFORDVILLE, FL 32327
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DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0246679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSHING, CYNTHIA D
11405 BRIGHT STAR CIRCLE
TALLAHASSEE, FL 32305

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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUSHING, CYNTHIA D 11405 BRIGHT STAR CIRCLE TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POOLE, CARRIE J 181 FALLWOOD LANE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>8/25/12</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700101626037
05/07/07--01002--003 **150.00

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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: *Carrie Poole* *5/1/07* *850-284-8351*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #