

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90185 040 ***150.00

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1. Entity Name
KETTER'S ROOFING, INC.

Principal Place of Business
**31342 WASHINGTON LOOP
PUNTA GORDA, FL 33982**

Mailing Address
**31342 WASHINGTON LOOP
PUNTA GORDA, FL 33982**

2. Principal Place of Business - No P.O. Box #
27981 Leatherwood Cir
Suite, Apt. #, etc.

3. Mailing Address
27981 Leatherwood Cir
Suite, Apt. #, etc.



01122007 Chg-P CR2E034 (12/06)

City & State
Punta Gorda FL
Zip
33950 Country
Charlotte

City & State
Punta Gorda, FL
Zip
33950 Country

4. FEI Number
20-0353395
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KETTER, BUCKY M SR.
31342 WASHINGTON LOOP
PUNTA GORDA, FL 33982**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KETTER, BUCKY M SR.**
STREET ADDRESS **31342 WASHINGTON LOOP**
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **V** ☐ Delete
NAME **KETTER, BUCKY M JR.**
STREET ADDRESS **1097 MARLENE ST.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **27981 Leatherwood Cir**
STREET ADDRESS **Punta Gorda, FL 33950**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **1519 PERSAY drive**
STREET ADDRESS **Punta Gorda FL 33982**
CITY-ST-ZIP

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

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

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

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

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 empower.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07
Date Daytime Phone #