FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90008 029 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126708

1. Entity Name
A PLUS ROOFING INC.

40047672

Principal Place of Business	Mailing Address
14252 SORREL STREET BROOKSVILLE, FL 34614	14252 SORREL STREET BROOKSVILLE, FL 34614

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11443 Maripoe Rd	11443 Maripoe Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weeki Wachee	City & State: Weeki Wachee
Zip: FL — Country: 34614	Zip: FL — Country: 34614

01112008 Chg-P CR2E034 (12/06)

4. FEI Number: 35-2218340 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, CARROLL
14252 SORREL ST.
BROOKSVILLE, FL 34614

7. Name and Address of New Registered Agent

Name: Robert Johnson
Street Address (P.O. Box Number is Not Acceptable): 11443 Maripoe Rd.
City: Weeki Wachee FL Zip Code: 34614

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] 1-23-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, CARROLL 14252 SORREL STREET BROOKSVILLE, FL 34614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 120 Hwy 47 Phil Campbell, AL 35581
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, ROBERT 13466 NEVILLE DR. BROOKSVILLE, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11443 Maripoe Rd Weeki Wachee FL 34614.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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] 1-23-08 352-799-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #