## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 18, 2007 08:00 AM DOCUMENT # P03000138040 **Secretary of State** MELÁDY ROOFING, INC. Principal Place of Business Mailing Address 12212 SUAVE LANE 12212 SUAVE LANE HUDSON, FL 34669 HUDSON, FL 34669 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0534742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MELADY, GERALD DO NOT WRITE 12212 SUAVE LANE HUDSON, FL 34669 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000589988 01/18/07-80039-002 150.00 NAME MELADY, GERALD 12212 SUAVE LANE STREET ADDRESS CITY-ST-ZIP HUDSON, FL 34669 TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> (معہ NATED NAME OF SIGNING OFFICER OR DIRECTOR

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