

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000141958

1. Entity Name
THRIFT ROOFING & SON, INC.



Principal Place of Business
9521 SR 33
POLK CITY, FL 33868

Mailing Address
9521 SR 33
POLK CITY, FL 33868

DO NOT WRITE IN THIS SPACE

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08262008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0590882	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THRIFT, CHARLES D SR.
9521 SR 33
POLK CITY, FL 33868

**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: Charles D Thrift Sr. CHARLES D. THRIFT SR. 8-26-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

09/03/08-80003-011 158.75
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
THRIFT, CHARLES D SR
9521 SR 33
POLK CITY, FL 33868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
THRIFT, CHARLES D JR
9521 SR 33
POLK CITY, FL 33868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Charles D Thrift Sr. CHARLES D. THRIFT SR. 8-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #