

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90024 016 ***150.00

DOCUMENT # P03000148068

1. Entity Name
MICHAEL PITTMAN AND SON ROOFING INC.



Principal Place of Business Mailing Address
4730 NE SR 47 **4730 NE SR 47**
HIGH SPRINGS FL 32643 **HIGH SPRINGS FL 32643**
US **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **42-1608535** Applied For
 Not Applicable

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

1st MOORE CR2E034 (10/06)



6. Name and Address of Current Registered Agent

PITTMAN, MICHAEL S OWNER
4730 NE SR 47
HIGH SPRINGS FL 32643

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PITTMAN, MICHAEL SR.	
STREET ADDRESS	4730 NE SR 47	
CITY-STATE-ZIP	HIGH SPRINGS FL 32643	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PITTMAN, MICHAEL JR.	
STREET ADDRESS	4950 75TH AVENUE	
CITY-STATE-ZIP	HIGH SPRINGS FL 32443	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONGHEAD, KEITH	
STREET ADDRESS	3561 NE 44TH AVENUE	
CITY-STATE-ZIP	HIGH SPRINGS FL 32643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael Pittman Jr Date: 4-10-07 Daytime Phone: 386-454-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #