2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153179

10520 EUSTON AVE

ENGLEWOOD, FL 34224

Address:

City-St-Zip:

FILED Jan 18, 2007 Secretary of State

Entity Name: ENGLEWOOD ROOFING, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	STON AVE OOD, FL 3422	24			
Current Mailing Address:			New Mailing Address:		
	STON AVE OOD, FL 3422	24			
FEI Number:	: 20-0719168	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DAVIDS, H VERNON 590 TAMIAMI TRAIL SUITE ONE PT CHARLOTTE, FL 33953 US			10520 EÚSTON AVE	DAVIDS, RONALD W DPT 10520 EUSTON AVE ENGLEWOOD, FL 34224 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: RONALD W DAVIDS				01/18/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT (DAVIDS, RON/ 10520 EUSTO ENGLEWOOD	N AVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X TEEL, ROBER 832 EAST 2ND ENGLEWOOD	ST. #B	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X BROWN, BRAI 7053 REGINA ENGLEWOOD	DR.	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S (DAVIDS, JACO) Delete QUELINE	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RONALD W DAIVDS DPT 01/18/2007