

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 017 ***150.00

DOCUMENT # P03000157021

1. Entity Name

FAGEN SOFFIT SERVICE, INC.



Principal Place of Business

119 18TH ST N W
RUSKIN FL 33570

Mailing Address

119 18TH ST N W
RUSKIN FL 33570



2. Principal Place of Business - No P.O. Box #

119 18th N.W.
Suite, Apt. #, etc.

3. Mailing Address

119 18th N.W.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

RUSKIN FLA.

City & State

RUSKIN FLA.

4. FEI Number

59-3775036

Applied For

Not Applicable

Zip

33570

Country

HILLS.

Zip

33570

Country

HILLS.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAGEN, STEVE
119 18TH ST N W
RUSKIN FL 33570

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

Signature, typed or printed name of registered agent and filer (applicable)

(NOTE: Registered Agent signature required when registering)

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 D
NAME FAGEN, STEVE
STREET ADDRESS 119 18TH ST N W
CITY ST ZIP RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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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 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:

Steve Fagen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22-07

Date

813 294-3936

Telephone Number