

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000006169	
1. Entity Name BUDDY'S ROOFING & REPAIRS, INC.	

Principal Place of Business 12933 THONOTOSASSA RD. DOVER, FL 33527	Mailing Address 12933 THONOTOSASSA RD. DOVER, FL 33527
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0687931	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHEAVES, BUDDY
12933 THONOTOSASSA RD.
DOVER, FL 33527**

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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 _____

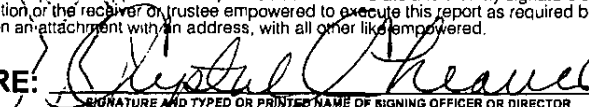
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000945444 05/30/08-80008-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	CHEAVES, BUDDY
NAME	12933 THONOTOSASSA RD.
STREET ADDRESS	DOVER, FL 33527
CITY-ST-ZIP	
TITLE S	CHEAVES, CRYSTAL
NAME	12933 THONOTOSASSA RD
STREET ADDRESS	DOVER, FL 33527
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 of 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:  **04-30-2008**

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