2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN **DOCUMENT # P04000024515 Secretary of State** YORK ROOFING, INC. Principal Place of Business Mading Address 1309 CRYSTAL SPRINGS RD 1309 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540 ZEPHYRHILLS, FL 33540 No Chg-P 01042008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0655467 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YORK, RALPH DO NOT WRITE 1309 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. ? Added to Fees 10. OFFICERS AND DIRECTORS P, T TITLE YORK, RALPH F NAME 1309 CRYSTAL SPRINGS ROAD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 335402365 000000839491 03/06/08-80010-008 150.00 TITI F VP.S YORK, DONALD C NAME STREET ADDRESS 5103 VINSON DRIVE CITY-ST-ZIP TAMPA, FL 336105508 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

NAME (40)

STREET ADDRESS

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