2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 08:00 A

ANNUAL REPORT					Mar 20, 2000 00:00			
1. Eptity Name	MENT # P04000028		Secretary of Stat					
PAOLSEI	N ROOFING COMPANT							
Principal Place		Mailing Address						
27 DEERWOO PALM COAST		27 DEERWOOD STREET PALM COAST, FL 32137	US					
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	O NOT WRITE	IN THIS SPA	ACE *	4. FEI Numbe	PLICABLE		Applied For Not Applicable	
					of Status Desired		3.75 Additional e Required	
· "机械机构"。	6. Name and Address of Current	Registered Agent		<u>.</u> Katirin				
HYNES, N	NCHAEL E				NOT W	RITE		
27 DEERWOOD STREET PALM COAST, FL 32137				- Company (19)	SHEELE AND DECEMBER	e a Chelant Land 11		
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						. Palluck, to en	middle de mili	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its regis	stered office or register	ed agent, or bot	h, in the State of Fl	orida. I am far	niliar with, and accept	
SIGNATURE.					·	DATE		
	Signature, typed or printed name of registered agent	and little if applicable (NOTE: Hegs	stered Agent signature required	(when revisioning)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Fi Trust Fund Contribution		.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS					以表现在特	
TITLE NAME	DPST HYNES, MICHAEL E						A PART OF THE PROPERTY OF THE PART OF THE	
STREET ADDRESS CITY-ST-ZIP	27 DEERWOOD STREET PALM COAST, FL 32137							
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NAME STREET ADDRESS			3.11		BY BY		All Property and the second se	
CITY-ST-ZIP		<u> </u>						
TITLE NAME								

12. Thereby 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 giver like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

,904-545-718