

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000029097

1. Entity Name
SOFFIT SYSTEMS, INC.



FILED
07 FEB -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1684 GOLDENROD RD.
#108
ORLANDO, FL 32820

Mailing Address
2105 CASCADES COVE DRIVE
ORLANDO, FL 32820-2250



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0773018

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
ST PETER, DAVID T
2105 CASCADES COVE DRIVE
ORLANDO, FL 32820-2250

7. Name and Address of New Registered Agent
Name
CHARLES C. BROOKS, SR
Street Address (P.O. Box Number is Not Acceptable)
2105 CASCADES COVE DR.
City
ORLANDO FL Zip Code
32820

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 _____

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

400087605284
02/08/07--01001--019 **\$61.25

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ST PETER, DAVID			NAME	MICHAEL M. LEMAY		
STREET ADDRESS	1820 HAMMOCK MOSS DR			STREET ADDRESS	615 BONITA ROAD		
CITY-ST-ZIP	ORLANDO, FL 32820			CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS JR., CHARLES C			NAME			
STREET ADDRESS	17115 ARBOR WOODS CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32820			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBURN, DAVID			NAME			
STREET ADDRESS	1832 CORNERVIEW LN			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32820			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: Charles C Brooks Jr 1/30/07 4075683093

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