

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038922

Entity Name: SKYLINE ROOFING, INC.

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

9799 MINING DRIVE  
SUITE #3  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

9799 MINING DRIVE  
SUITE #3  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

FEI Number: 20-0803204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAULIA, ALAPAKI E  
9745 TOUCHTON ROAD  
UNIT 2504  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

KAULIA, ALAPAKI E  
6482 WHITE FLOWER COURT  
JACKSONVILLE, FL 32258 US

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.

SIGNATURE:

04/24/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: KAULIA, ALAPAKI E  
Address: 9745 TOUCHTON RD, UNIT 2504  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: DVP ( ) Delete  
Name: WILSON, FLETCHER M  
Address: 11631 MOSSY WAY  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: KAULIA, ALAPAKI E  
Address: 6482 WHITE FLOWER COURT  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAPAKI E. KAULIA

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date