

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 015 ***150.00

DOCUMENT # P04000044468

1. Entity Name
TILE ROOF LOADING, INC.



Principal Place of Business

8041 MAINLINE PKWY 1231 Lamar Rd
FT MYERS, FL 33912 N. Ft Myers Fl
33903

Mailing Address

8041 MAINLINE PKWY 1231 Lamar Rd
FT MYERS, FL 33912 N. Ft Myers Fl
33903

40130330



DO NOT WRITE IN THIS SPACE

07252007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0794041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, MATTHEW L
1425 REYNARD DR
FT MYERS, FL 33919

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PST
NAME GARCIA, MATTHEW L
STREET ADDRESS 1425 REYNARD DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE D
NAME GARCIA, MATTHEW L
STREET ADDRESS 1425 REYNARD DR
CITY-ST-ZIP FT MYERS, FL 33919

TITLE VP
NAME BURKE, LUCINDA A VP
STREET ADDRESS 1425 REYNARD DR
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D
NAME BURKE, LUCINDA A VP
STREET ADDRESS 1425 REYNARD DR.
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President 8-20-07 (239)8721344

ATTACHMENT
40130336
~~#004000044468~~

WE HAVE MOVED

TILE ROOFING LOADING INC.

NEW ADDRESS

**1231 LAMAR ROAD
N. FORT MYERS, FL. 33903**

NEW PHONE & FAX

**239 - 995 - 2164
239 - 995 - 2827 FAX**