2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AM DOCUMENT # P04000103850 **Secretary of State** GEORGE KOENKE ROOFING, CO. Principal Place of Business Mailing Address 9410 LISTOW TERRACE BOYNTON BEACH FL 33437 9410 LISTOW TERRACE **BOYNTON BEACH FL 33437** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-1229402 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOENKE, GEORGE Street Address (P.O. Box Number is Not Acceptable) 9410 LISTOW TERRACE **BOYNTON BEACH FL 33437** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THITE Delete ☐ Change Addition KOENKE, GEORGE NAME U00000620240 02/03/07-80029-007 150.00 1100 S FEDERAL HWY STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CHY-S1-7IP CITY-ST-ZIP ☐ Change HILE Delete Addition . THEF NAME NAME STREET ADDRESS STRUET ADDRESS CHY-SI-7IP CHY-ST-ZIP Defete Change ■ Addition NAME STRUET ADDRESS STREET ADDRESS CUV-SL-7/P CDY - ST+ ZIP HILE Delete THEC ☐ Change ☐ Addition NAME MAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIE CITY-ST-ZIP TOLL ☐ Delete шц Change ☐ Addition NAMI STREET ADDRESS STRUCT ADDRESS CITY-SI-7IP CITY-ST-70P HILE Delete me. Change ■ Additron NAME NAME: STREET ADDRESS STRUET ADDRESS CDY-ST-7IP CHY-SE-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.