

2007 FOR PROFIT CORPORATION ANNUAL REPORT

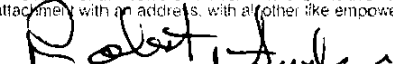
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Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90202 008 ***150.00

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04142007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000127988					
1. Entity Name ROBERT FUDGE ROOFING CORP.					
Principal Place of Business 3711 NE 55TH COURT FT. LAUDERDALE, FL 33309			Mailing Address 2631 E. OAKLAND PARK BLVD. SUITE 109 FT. LAUDERDALE, FL 33306		
2. Principal Place of Business - No P.O. Box # 6886 SW 15 TH STREET Suite, Apt. #, etc. POMPANO BEACH, FL 33068		3. Mailing Address 6886 SW 15 TH STREET Suite, Apt. #, etc. POMPANO BEACH, FL 33068		4. FEI Number 57-1211661	
City & State 33068		City & State 33068		Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROY & SPAMER, PA 2631 E. OAKLAND PARK BLVD. SUITE 109 FT. LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name ROBERT FUDGE Street Address (P.O. Box Number is Not Acceptable) 6886 SW 15 TH STREET City POMPANO BEACH FL Zip Code 33068		
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 is not applicable) (NOT: Registered Agent's signature required when installing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FUDGE, ROBERT 3711 NE 55TH COURT FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6886 SW 15 TH STREET POMPANO BEACH, FL 33068	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 another like empowered					
SIGNATURE: 			4/14/07 954-733-5119		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					