

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131392

FILED
Jan 12, 2007
Secretary of State

Entity Name: SIGNATURE ROOFING BY S INC.

Current Principal Place of Business:

1292 SE. INDUSTRIAL BLVD.
1292
PORT ST. LUCIE FL., FL 34952

New Principal Place of Business:

1292 SE. INDUSTRIAL BLVD.
PORT ST. LUCIE FL., FL 34952

Current Mailing Address:

5812 NW. BURRI CT.
5812
PORT ST. LUCIE FL., FL 35986

New Mailing Address:

5812 NW. BURRI CT.
PORT ST. LUCIE FL., FL 35986

FEI Number: 20-1686443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ONGEL, MATT
5812 NW. BURRI CT.
5812
PORT ST. LUCIE FL., FL 34986 US

Name and Address of New Registered Agent:

ONGEL, MATT
5812 NW. BURRI CT.
PORT ST. LUCIE FL., FL 34986 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: KIRSTEN S ONGEL

01/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMIRCAN, ALI FUAT
Address: 4570 NW. 18 TH AVE
City-St-Zip: APT # 406 POMPANO BAECH, FL 33064

Title: VP () Delete
Name: ONGEL, MATT
Address: 5812 NW BURRI CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S () Delete
Name: DEMIRCAN, ALI FUAT
Address: 4570 NW. 18 TH AVE
City-St-Zip: APT # 406 POMPANO BAECH, FL 33064

Title: T () Delete
Name: ONGEL, MATT
Address: 5812 NW. BURRI CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ONGEL, MATT
Address: 5812 NW BURRI CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: ONGEL, KIRSTEN S
Address: 5812 NW BURRI CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S (X) Change () Addition
Name: ONGEL, KIRSTEN S
Address: 5812 NW BURRI CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MATT ONGEL

P

01/12/2007

Electronic Signature of Signing Officer or Director

Date