

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P04000137585

1. Entity Name
TRIANGLE ROOFING, INC.



Principal Place of Business
**200 PALMETTO PINES RD
ORMOND BEACH, FL 32174 US**

Mailing Address
**200 PALMETTO PINES RD
ORMOND BEACH, FL 32174 US**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2158780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAGGERSON, LAUREN K
1575 AVIATION CENTER PARKWAY
#508
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000754241
05/22/07-80053-013 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | P |
| NAME | DELIA, JOSPEH M SR. |
| STREET ADDRESS | 200 PALMETTO RD |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | VP |
| NAME | DELIA, JOSEPH M JR. |
| STREET ADDRESS | 200 PALMETTO PINES RD |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | SEC |
| NAME | DELIA, DEBRA S |
| STREET ADDRESS | 200 PALMETTO PINES RD |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

Joseph M Delia Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

386-673-6600

Daytime Phone #