

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000137585 1. Entity Name TRIANGLE ROOFING, INC.	
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Principal Place of Business 200 PALMETTO PINES RD ORMOND BEACH, FL 32174 US	Mailing Address 200 PALMETTO PINES RD ORMOND BEACH, FL 32174 US
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04302008 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
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**DO NOT WRITE
IN THIS SPACE**

9. 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 not a notary

NOTE: Registered Agent signature required when registering

U000000942388

05/03/08-80009-024 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIA, JOSEPH M SR. 200 PALMETTO RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELIA, JOSEPH M JR. 200 PALMETTO PINES RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DELIA, DEBRA S 200 PALMETTO PINES RD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 110, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/08 386-673-6600