

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 Chg-P CR2E034 (12/06) 07

DOCUMENT # P04000146000

1. Entity Name
SHELDON ROOFING INC.



Principal Place of Business
1818 NICKLAUS DR
TALLAHASSEE, FL 32301

Mailing Address
1818 NICKLAUS DR
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
5628 Cypress Circle
City & State
Tallahassee FL
Zip
32303
Country
Leoa

3. Mailing Address
Suite, Apt. #, etc.
5628 Cypress Circle
City & State
Tallahassee FL
Zip
32303
Country
Leoa

4. FEI Number
20-1784093

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

6. Name and Address of Current Registered Agent
SHELDON, TONY M
1818 NICKLAUS DR
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Sheldon, Tony M
Street Address (P.O. Box Number is Not Acceptable)
5628 Cypress Circle
City
Tallahassee FL Zip Code
32303

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 *Tony M. Sheldon* DATE 4-30-07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P SHELDON, TONY M OWNER 1818 NICKLAUS DR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5628 cypress circle Tallahassee FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Tony M. Sheldon* DATE 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR