

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000166630

1. Entity Name  
DUCKSWORTH ROOFING INC.



FILED

07 MAR 19 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
278 SW OAKDALE RD.  
MAYO, FL 32066

Mailing Address  
278 SW OAKDALE RD.  
MAYO, FL 32066

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

7. Name and Address of New Registered Agent

DUCKSWORTH, GEORGE A  
278 SW OAKDALE RD.  
MAYO, FL 32066

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DUCKSWORTH, GEORGE A ☐ Delete  
STREET ADDRESS 278 SW OAKDALE RD.  
CITY-ST-ZIP MAYO, FL 32066

TITLE D  
NAME Justin Rutherford ☐ Change ☒ Addition  
STREET ADDRESS 5603 W. HART AVE.  
CITY-ST-ZIP MAYO FL 32066

TITLE D  
NAME MCCROY, KEITH O ☒ Delete  
STREET ADDRESS 278 S.W. OAKDALE RD.  
CITY-ST-ZIP MAYO, FL 32066

TITLE  
NAME 100095802821  
STREET ADDRESS 04/04/07--01035--008 \*\*150.00  
CITY-ST-ZIP

TITLE D  
NAME UDELL, RANDALL ☐ Delete  
STREET ADDRESS 14471 COUNTY ROAD 25A  
CITY-ST-ZIP WHITE SPRINGS, FL 32096

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #