2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90110 047 ***150 00 DOCUMENT # P04000166630 1. Entity Name DUCKSWORTH ROOFING INC. 40079928 Principal Place of Business Mailing Address 278 SW OAKDALE RD. 278 SW OAKDALE RD. MAYO, FL 32066 MAYO, FL 32066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E034 (12/06) Cha-P City & State City & State 4. FELNumber Applied For **NOT APPLICABLE** Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUCKSWORTH, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 278 SW OAKDALE RD. MAYO, FL 32066 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DUCKSWORTH, GEORGE A NAME NAME 278 SW OAKDALE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAYO, FL 32066 CITY-ST-ZIP TITLE TITLE Change ☐ Addition RUTHERFORD, JUSTIN NAME NAME STREET ADDRESS 560 SW HART AVE STREET ADDRESS CITY-ST-7/P MAYO, FL 32066 CiTY-ST-7IP TITLE TITLE ☐ Change ☐ Addition UDELL, RANDALL NAME STREET ADDRESS 14471 COUNTY ROAD 25A STREET ADDRESS CITY-ST-ZIP WHITE SPRINGS, FL 32096 CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED