
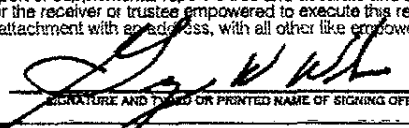


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 05, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000171019 1. Entity Name ALLTIME ROOFING, INC.		
Principal Place of Business 4100 NE 5TH AVENUE OAKLAND PARK, FL 33334	Mailing Address 4100 NE 5TH AVENUE OAKLAND PARK, FL 33334	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WEBER, GEORGE W SR. 4100 NE 5TH AVENUE OAKLAND PARK, FL 33334		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, JOHN 430 ROBIN STATION N HUNTINGDON, PA 15642	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, GEORGE W JR. 3500 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/2/07 954-573 0773 <small>Date Daytime Phone #</small>



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0774358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

U000000767164
07/06/07-80003-006 158.75

**DO NOT WRITE
IN THIS SPACE**