

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 027 ***158.75

DOCUMENT # P05000027068	
1. Entity Name TOWNSEND ROOFING AND CONSTRUCTION SERVICES INC.	

Principal Place of Business 4832 CHARLES BENNETT DRIVE JACKSONVILLE, FL 32225	Mailing Address 4832 CHARLES BENNETT DRIVE JACKSONVILLE, FL 32225
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2. Principal Place of Business - No P.O. Box # 2080 ST. JOHNS BLUFF RD.	3. Mailing Address 2771-29 MONUMENT RD.
Suite, Apt. #, etc. Unit # 2	Suite, Apt. #, etc. # 338
City & State JACKSONVILLE FL	City & State JACKSONVILLE, FL
Zip 32246	Country USA
Zip 32225	Country USA



04092007 Chg-P CR2E034 (12/06)

4. FEEL Number 76-0782834		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TOWNSEND, RANDY 4832 CHARLES BENNETT DRIVE JACKSONVILLE, FL 32225		
7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

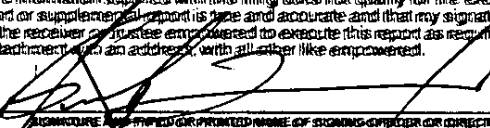
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: agent has been required when reappointing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE V.P.	☐ Change ☒ Addition
NAME TOWNSEND, RANDY		NAME TOWNSEND, ROBERTA	
STREET ADDRESS 4832 CHARLES BENNETT DRIVE		STREET ADDRESS 4832 CHARLES BENNETT DR.	
CITY-ST-ZIP JACKSONVILLE, FL 32225		CITY-ST-ZIP JACKSONVILLE FL 32225	
TITLE 	☐ Delete	TITLE V.P.	☐ Change ☒ Addition
NAME 		NAME TOWNSEND, CHRISTOPHER	
STREET ADDRESS 		STREET ADDRESS 11531 KELVYN GROVE PL.	
CITY-ST-ZIP 		CITY-ST-ZIP JACKSONVILLE, FL 32225	
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 	
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.

SIGNATURE:  **4/17/07 904-645-5887**
Signature, typed or printed name of signing officer or director Date Daytime Phone #