


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000032924
 1. Entity Name
 SUNCOAST ROOFING OF POLK COUNTY, INC



Principal Place of Business 2023 SHORELAND DRIVE AUBURNDALE, FL 33823	Mailing Address 2023 SHORELAND DRIVE AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-2157934	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALL FLORIDA FIRM, INC.
 465 S. VOLUSIA AVE.
 SUITE C
 ORANGE CITY, FL 32763

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

1000000948498
 06/02/08-80058-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATLIFF, LINDA R 2023 SHORELAND DRIVE LAKELAND, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROMERO, AUDELIO 632 HWY 92 UNIT 301 AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATLIFF, JOHN JR 117 DENTON AVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *x Linda R Ratliff* Linda R Ratliff x 4-30-08 ⁽⁹⁶³⁾ 968-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #