## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000052349

1. Entity Name

UNICOAT INDUSTRIAL ROOFING CORPORATION



Principal Place of Business

3263 81ST COURT EAST BEADENTON, FL 34211

Mailing Address

3263 81ST COURT EAST BEADENTON, FL 34211

## FILED Feb 16, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 01302007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-3713052
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERONA LAW GROUP, P.A. 7235 FIRST AVE. SO. ST. PETERSBURG, FL 33707

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaigr Trust Fund Contrib			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ROEMER, WILLIAM C 1050 STARKEY RD. #107 LARGO, FL 33771 D KESSLER, DAVID M 1442 BRAMBLING CT.					U00000638606 02/27/07-80038-005 150.00
CITY-ST-ZIP	BRADENTON, FL 34212					
NAME STREET ADDRESS CITY-ST-ZIP	FAIRHOPE, AL 36532			DO		NOT WRITE
TITLE NAME STREET ADDRESS				IN THIS SPACE		

12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplier ental geport 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 chapter of position or the receive at the state empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or one attactor with an address. With all fother like empowered.

WATURE:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MASSIRE AND UPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07

(941)744-2444

Daytime Phor