


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90028 023 \*\*\*150.00

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	

40047474



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3713052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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


**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROEMER, WILLIAM C 1050 STARKEY RD. #107 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KESSLER, DAVID M 1442 BRAMBLING CT. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DESTRO, CHARLES D 420 CLUBHOUSE DR. FAIRHOPE, AL 36532
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **3/11/08** (941) 744.2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #