

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90039 025 ***150.00

DOCUMENT # P05000058849

1. Entity Name

DAGER ROOFING, INC.



Principal Place of Business

Mailing Address

380 SEMORAN COMMERCE PLACE SUITE C302
APOPKA FL 32703

380 SEMORAN COMMERCE PLACE SUITE C302
APOPKA FL 32703



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number **35-2251448**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAGER, RONALD D SR
303 WICKHAM COURT
LONGWOOD FL 32779

Name

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	DAGER, RONALD D SR	
STREET ADDRESS	380 SEMORAN COMMERCE PLACE SUITE C302	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CONCANNON, DAWN	
STREET ADDRESS	1750 EAST WELCH ROAD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUCH, FRANCIS	
STREET ADDRESS	719 BEAR LAKE ROAD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

Ronald D Dager

1/30/08 407-448-4851