

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000058849

1. Entity Name  
DAGER ROOFING, INC.



APPROVED  
AND  
FILED

08 MAR 26 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

dy 3-27-08



Principal Place of Business  
380 SEMORAN COMMERCE PLACE SUITE C302  
APOPKA, FL 32703

Mailing Address  
380 SEMORAN COMMERCE PLACE SUITE C302  
APOPKA, FL 32703

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03202008 Chg-P CR2E034 (12/06)

4. FEI Number  
35-2251448

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DAGER, RONALD D SR  
303 WICKHAM COURT  
LONGWOOD, FL 32779

## 7. Name and Address of New Registered Agent

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*R. Dager*

03-21-08

Amended AR is \$61.25

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

## 10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME DAGER, RONALD D SR  
STREET ADDRESS 380 SEMORAN COMMERCE PLACE SUITE C302  
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP ☒ Delete  
NAME COUCH, FRANCIS  
STREET ADDRESS 719 BEAR LAKE ROAD  
CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300122761243  
CITY-ST-ZIP 04/09/08--01044--006 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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.