

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90011 007 ***150.00

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1. Entity Name

T AND T ROOFING OF BREVARD, INC.



Principal Place of Business

4250 DOW ROAD UNIT 306
MELBOURNE FL 32934

Mailing Address

4250 DOW ROAD UNIT 306
MELBOURNE FL 32934

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3003293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELBUTERBAUGH, TY
4250 DOW RD
UNIT 306
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

Buterbaugh, Ty Daniel

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

Ty Daniel Buterbaugh, P, VP
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-26-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PVD ☐ Delete
NAME DANIEL BUTERBAUGH, TY
STREET ADDRESS 4250 DOW ROAD UNIT 306
CITY- ST- ZIP MELBOURNE FL 32934

TITLE ST ☐ Delete
NAME BUTERBAUGH, CONNIE R
STREET ADDRESS 2915 DOMELLO RD
CITY- ST- ZIP MALABAR FL 32950

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 P, VP ☒ Change ☐ Addition
NAME Buterbaugh, Ty Daniel
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2915 Pomello Road
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

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 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: *Connie R Buterbaugh, ST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-07

Date

321-729-9679

Daytime Phone #