


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000093872 1. Entity Name NORTHEAST FLORIDA ROOFING, INC.	
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Principal Place of Business
**463 HWY 17 SOUTH
EAST PALATKA, FL 32187**

Mailing Address
**P O BOX 37
SAN MATEO, FL 32187**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3107019	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRISER, KYLE
178 PINECREST CIR
SAN MATEO, FL 32187**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P/D KRISER, KYLE 910 SOUTH 14TH STREET PALATKA, FL 32177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULLETT, CHRIS 104 CANNON COURT PALATKA, FL 32177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KRISER, KYLE 910 SOUTH 14TH STREET PALATKA, FL 32177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEALY, ANNETTE J 105 ILLINOIS DRIVE SATSUMA, FL 32189
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/22/07-80037-025 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Annette Shealy sec **Annette Shealy sec** *1/16/07 386-328-5509*
Date Daytime Phone #