



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90194 038 ***150.00

DOCUMENT # P05000093872 1. Entity Name NORTHEAST FLORIDA ROOFING, INC.					
Principal Place of Business 463 HWY 17 SOUTH EAST PALATKA, FL 32187			Mailing Address P O BOX 37 SAN MATEO, FL 32187		
2. Principal Place of Business - No P.O. Box # 178 Pinecrest Circle		3. Mailing Address P.O. Box 37			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. San Mateo			
City & State San Mateo, FL		City & State San Mateo, FL			
Zip 32187		Country US		4. FEI Number 20-3107019	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRISER, KYLE 178 PINECREST CIR SAN MATEO, FL 32187			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 <u>Kyle Kriser</u> DATE <u>04-26-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KRISER, KYLE 910 SOUTH 14TH STREET PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULLETT, CHRIS 104 CANNON COURT PALATKA, FL 32177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KRISER, KYLE 910 SOUTH 14TH STREET PALATKA, FL 32177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEALY, ANNETTE J 105 ILLINOIS DRIVE SATSUMA, FL 32189	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISER, KYLE 178 PINECREST CIR SAN MATEO, FL 32187	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISER, KYLE 178 PINECREST CIR SAN MATEO, FL 32187	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRISER, KYLE 178 PINECREST CIR SAN MATEO, FL 32187	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Kyle Kriser</u> DATE <u>04-26-2008</u> DAYTIME PHONE # <u>937-2598</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					