

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102764

FILED
Apr 30, 2008
Secretary of State

Entity Name: COMFORT ROOFING SYSTEMS, INC.

Current Principal Place of Business:

205 BASE AVE. EAST
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

205 BASE AVE. EAST
VENICE, FL 34285

New Mailing Address:

FEI Number: 06-1752705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, KIM
205 BASE AVE. EAST
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, KIM
Address: 205 BASE AVE. EAST
City-St-Zip: VENICE, FL 34285

Title: SD () Delete
Name: WOOD, SHAWN
Address: 205 BASE AVE. EAST
City-St-Zip: VENICE, FL 34285

Title: VD () Delete
Name: JOHNSON, SCOTT
Address: 205 BASE AVE. EAST
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM WOOD

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date