

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90034 037 ***150.00

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1. Entity Name

HALLER CONSTRUCTION AND ROOFING, INC.



Principal Place of Business

2531 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118

Mailing Address

2531 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118



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

2531 S. Peninsula Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

20-3332393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLER, ROBERT A
2531 S. PENINSULA DRIVE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1532 Espanola Ave.

City Holly Hill

FL

Zip Code 32117

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 reappointing)

DATE

3-10-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 P
NAME HALLER, ROBERT A ☐ Delete
STREET ADDRESS 2531 S. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE VP ☒ Delete
NAME HESSE, CAROL F
STREET ADDRESS 2531 S. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE T ☐ Delete
NAME RAILEY, BRUCE W
STREET ADDRESS 2525 SOUTH PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE S ☐ Delete
NAME JENKINS, MICHAEL D
STREET ADDRESS 140 MOSSWOOD ST
CITY-ST-ZIP GEORGETOWN FL 32139

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: X

Robert A. Haller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #