

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90030 023 ***150.00

DOCUMENT # P05000132522

1. Entity Name

CONTINENTAL ROOFING COMPANY, INC.



Principal Place of Business

3956 N.W. 5TH DRIVE
DEERFIELD BEACH FL 33442

Mailing Address

3956 N.W. 5TH DRIVE
DEERFIELD BEACH FL 33442

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

3956 N.W. 5 DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3956 N.W. 5 DRIVE

Suite, Apt. #, etc.

City & State

DEERFIELD BCH, FL.

Zip

33442

Country

USA

City & State

DEERFIELD BEACH, FL.

Zip

33442

Country

USA

4. FEI Number

54-2085396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

LIEBY, STEARNS, & ROBERTS, P.A.
1000 SAWGRASS PARKWAY STE #552
FORT LAUDERDALE FL 33323

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

GARY S. COLEMAN - PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
COLEMAN, GARY S
3956 N.W. 5TH DRIVE
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
WILLIAM, JOSEPH
8101 S.W. 12TH ST.
POMPANO BEACH FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

GARY S. COLEMAN - PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #