

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P05000152192

1. Entity Name

ATLANTIC SIDING AND ROOFING OF CENTRAL
FLORIDA, INC.



Principal Place of Business

6767 HOFFNER ROAD
ORLANDO, FL 32822-3402

Mailing Address

6767 HOFFNER ROAD
ORLANDO, FL 32822-3402



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0133015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, LYNNEN L
724 CAVE HOLLOW LANE
ORLANDO, FL 32828

**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	DPS
NAME	GAGNE, MICHAEL
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	DV
NAME	LAMBERT, LYNNEN L
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	DT
NAME	MEYERS, LARRY J
STREET ADDRESS	6767 HOFFNER ROAD
CITY-ST-ZIP	ORLANDO, FL 328223402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/28/07-80055-010 150.00

**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

Date

Daytime Phone #