2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 23, 2007 8:00 am Secretary of State

DOCUMENT # P05000152366 1. Entity Name HISE ROOFING, INC.						03-23-2007 90028 039 ***158.75				
Principal Place of Business Mailing Address				L						•
	1510 S.E. 16TH AVENUE 1510 S.E. 16TH AVENUE									
OCALA, FL 34471 OCALA, FL 34471										
Principal Place of Business - No P.O. Box # 3. Mailing Address										
3530 E. Gulf to Cake Hwy 3530 E. Gulf to				Lake	Huy		i Beloi villi velli votil 101	81 MENI 21ME 310		II DO I I I I I II
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				01102007 Chg-P CR2E034 (12/06)					
City & Stat	State City & State				4. FEI Number Applied For					:
Zip	INVERNESS FL INVERNESS FL			try		20-384		-/	\$8.75 Add	ot Applicable
zip 344	23 N.Z.	2.14A E	- (<u> </u>			of Status Desired	<u> </u>	Fee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
HISE, JASON				Street Address (P.O. Box Number is Not Acceptable)						
1510 S.E. 16TH AVENUE OCALA, FL 34471				The state of the s						
				City	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 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 \$5.00 May Be Added to Fees										
10.	OFFICERS AND E		11.			ADDITIONS	CHANGES TO OFF	ICERS AND		
TITLE NAME	PSTD "" HISE, JASON	☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	1510 S.E. 16TH AVENUE		STRE	ET ADDRESS						
CITY-ST-ZIP	OCALA, FL 34471		-	-ST-ZIP	D					TEL 4 1 200
TITLE NAME		☐ Delete	NAM		-	ve His	e / /	L. H.	Change	Addition
STREET ADDRESS				ET ADDRESS	323	ο E. G	elf to La	KE 116	7	
CITY-ST-ZIP		☐ Delete	CITY	- ST - ZIP -	<u></u>	NELV 627	F/E < 34	YJ 5	☐ Change	Addition
NAME _		Li Delete	NAM						C. Criange	Addition
STREET ADDRESS			•	ET ADDRESS						
CITY-ST-ZIP		☐ Delete	TITLE	- ST - ZIP					☐ Change	☐ Addition
NAME		La Dolete	NAM						onlings	
STREET ADDRESS DITY-ST-ZIP				ET ADDRESS - ST - ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME			NAM							_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	THTLE						☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS						
CITY-ST-ZIP				- ST - ZIP						
12. I hereby of	pertify that the information supplied with to on this report or supplemental report is	this filing does not qualify for	the exe	emptions co	ontained	in Chapter 11	9, Florida Statutes. I	further certi	ly that the ir	nformation or director
of the cor	poration or the receiver or trustee empor , or on an attachment with an address, w	wered to execute this report as	s requi	red by Cha	pter 607	, Florida Statut	es; and that my name	e appears in	Block 10 or	Block 11 if