2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000152366

1. Entity Name
HISE ROOFING, INC.

Principal Place of Business	Mailing Address
3530 E GULF TO LAKE HWY	3530 E GULF TO LAKE HWY
INVERNESS, FL 34453	INVERNESS, FL 34453

DO NOT WRITE IN THIS SPACE

03062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3844547	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HISE, JASON
1510 S.E. 16TH AVENUE
OCALA, FL 34471

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U000000863574
04/09/08-80059-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HISE, JASON
STREET ADDRESS	1510 S.E. 16TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	HISE, STEVE
STREET ADDRESS	3530 E GULF TO LAKE HWY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   _3/24/08_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #