

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P06000008014

1. Entity Name

MASTERCRAFT ROOFING, INC.



Principal Place of Business

121 TRIPLE DIAMOND BLVD., #11
N. VENICE, FL 34275

Mailing Address

121 TRIPLE DIAMOND BLVD., #11
N. VENICE, FL 34275

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-4144729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENROD, BRUCE H
910 GOLDEN BEACH RD
VENICE, FL 34285

**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)

1100000955001

07/15/08-80006-022 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PENROD, BRUCE H
910 GOLDEN BEACH BLVD
VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SEVERSON, SCOTT
261 PADOVA WAY
NORTH VENICE, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SEVERSON, PATRICIA
261 PADOVA WAY
NORTH VENICE, FL 34275

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-08 941-480-9700

Date

Daytime Phone #