FILED Apr 14, 2008 8:00 am Secretary of State

ZUUO FL	JR PROFII GURPURA	HUN
	ANNUAL REPORT	

DOCUMENT # P06000035291 1. Entity Name GREEN COVE SPRINGS ROOFING, INC					4 11 11 1	04-14-200)	•	036 ***1	50.00		
Principal Place of Business 3730 BEACH BLVD JACKSONVILLE, FL 32207 Mailing Address 3730 BEACH BLVD JACKSONVILLE, FL 32207							,	1		16 1 († 1621)	
2. Principal Place of Business - No P.O. Box # 1106				0221	2008	Chg-P	CR2E03	4 (12/06)			
City & Stat		PARK FL	City & State OKA NOE YA	RK	FL try		Number 0-4463			· · ·	olied For Applicable
Zip 320'	•	Country	Zip 32073	Coun	try			f Status Desired		8.75 Addi	tional
		and Address of Current I		1		7. Na	me and A	Address of New R		•	
HUBBARD, KIM K 3730 BEACH BLVD JACKSONVILLE, FL 32207 IOG PARK Avenue City Range Park FL Zip Code 3207							073				
	named entitions of regis	y submits this statement for tered agent.	the purpose of changing it	s registere	ed office or reg	gistered ager	nt, or both	, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE.	Kin	K. Hubbar	d								1
OIGIVATORE	Signature, typed	for printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signature re	equired when reins	stating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.0	9. Election Camp Trust Fund Cor	_	` —	\$5.00 Ma Added to Fe					
10.	I s	OFFICERS AND		11.		ADD	ITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	1411 OR	IILL, CHARLES D ANGE AVE COVE SPRINGS, FL 32	□ Delete D43					•		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1411 OR	IILL, CHARLES D ANGE AVE COVE SPRINGS, FL 32	Detete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1411 OR	IILL, CHARLES D ANGE AVE COVE SPRINGS, FL 32	□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3730 BEA	IILL, VICKIE ACH BLVD NVILLE, FL 32207	☐ Delete		F	142} Green	ORAN	ige Aven 'e Spaing	ne s FL	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		£				-,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete							☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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. 4-/(-08											
SIGNATURE: Date Description of Signing Officer or Director Date Description of Signing Officer or Director											