

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000044641

1. Entity Name
CORNERSTONE ROOFING CONTRACTORS, INC.



Principal Place of Business
7020 NW 24TH STREET
SUNRISE, FL 33313

Mailing Address
7020 NW 24TH STREET
SUNRISE, FL 33313

FILED
2008 AUG 15 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4585797

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARRISH, BILLY JR
7020 NW 24TH STREET
SUNRISE, FL 33313

**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
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/T
PARRISH, BILLY JR
7020 NW 24TH STREET
SUNRISE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/S
PARRISH, PATRICIA
7020 NORTHWEST 24TH STREET
SUNRISE, FL 33313

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

500134545465
08/18/08--01026--026 **193.75

**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: *Billy Parrish Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08 (954) 778-1220
Date Daytime Phone #

Theris 8/18/08