2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

386-228-3595

DOCUMENT # P06000060552 1. Entity Name HOPTON ROOFING, INC.			01-22-2007 90104 029 ***150.00		
Principal Place of Business 1309 DUROC DR. LAKE HELEN, FL 32744	Mailing Address 1309 DUROC DR. LAKE HELEN, FL 3274	14	3~-		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			01112007 Chg-P CR2E034 (12/06)		
City & State	City & State		4. FEI Number Applied For 20-5 081969 Not Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HODTON FRION		Name	Name		
HOPTON, ERIC M. 1309 DUROC DR. LAKE HELEN, FL. 32744		Street A	Street Address (P.O. Box Number is Not Acceptable)		
		City	□ I Zip Code		
			FL		
The above named entity submits this statement the obligations of registered agent/	or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept		
3			1 14-7		
SIGNATURE Signature, typed or printed name of registered a por	nt and title if applicable. (NOT	E. Registered Agent signat	o required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees		
10. OFFICERS ANI	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
_ 5000		TITLE	PRESIDENT Change Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS	ERIC M. HOPTON 1309 DURCE DR.		
CITY-ST-ZIP		CITY-ST-ZIP	LAKE HELEN, FL 32744		
VIILE	☐ Delete	TITLE	TERESA HOOTON Change Addition		
NAME		NAME	WAL PIEKSIDE-KIT		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1309 DURCE DR.		
	Пол		LAKE HELEN, FL 32744		
TITLE NAME)	☐ Delete	THTLE NAME	Change Addition		
STREET ADORESS		STREET ADDRESS			
CITY-S1-ZIP		CITY-ST-ZIP			
mue	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied wi	· · · · · · · · · · · · · · · · · · ·				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR