

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90007 048 \*\*\*158.75

<b>DOCUMENT # P06000084983</b>					
<b>1. Entity Name</b> CHRIS GODBOLD ROOFING PRODUCTS, INCORPORATED					
<b>Principal Place of Business</b> 14719 GREEN VALLEY BLVD CLERMONT, FL 34711 US			<b>Mailing Address</b> 14719 GREEN VALLEY BLVD CLERMONT, FL 34711 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 07132007 Chg-P CR2E034 (12/06) <div style="font-size: 1.2em; font-weight: bold;">65-1283580</div>	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GODBOLD, CHRISTOPHER A PRES 14719 GREEN VALLEY BLVD CLERMONT, FL 34711				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P	<b>NAME</b> GODBOLD, CHRISTOPHER A <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14719 GREEN VALLEY BLVD	<b>CITY-ST-ZIP</b> CLERMONT, FL 34711			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> VP	<b>NAME</b> GODBOLD, CHRISTOPHER A <input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
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<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
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<b>NAME</b>				<b>NAME</b>	
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Christopher A. Godbold</i>				7-10-07 352-242-2997	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	