

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2007-90011-049-\$550.00-\$550.00

FILED

2007 OCT -9 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000090846					
1. Entity Name AL DAVIS ROOFING COMPANY INC					
Principal Place of Business 1456 BRASHVILLE ROAD SWITZERLAND FL 32259 US			Mailing Address 1456 BRASHVILLE ROAD SWITZERLAND FL 32259 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8415142	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, ALBERT JR 1456 BRASHVILLE ROAD SWITZERLAND FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when filing annual report)					
DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <p>FILE NOW!!! FEE IS \$550.00</p> <p>DUE BY: September 5, 2007</p> <p>Make Check Payable to Florida Department of State</p> </div> <div> <p>\$ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies that it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/></p> </div> <div> <p>\$5.00 May Be Added to Fees</p> <p>9. Election Campaign Financing <input type="checkbox"/></p> <p>Trust Fund Contribution <input type="checkbox"/></p> <p>Department <input type="checkbox"/></p> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DAVIS, ALBERT JR			NAME		
STREET ADDRESS 1456 BRASHVILLE ROAD			STREET ADDRESS		
CITY- ST- ZIP SWITZERLAND FL 32259			CITY- ST- ZIP		
TITLE VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DAVIS, BRENDA K			NAME		
STREET ADDRESS 1456 BRASHVILLE ROAD			STREET ADDRESS		
CITY- ST- ZIP SWITZERLAND FL 32259			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Albert Davis, Jr.</i>			AL DAVIS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>8/23/07</i> (904) 289-0525		

10/10
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