2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000090846 FILED 1. Entity Name Sep 04, 2008 08:00 AM Secretary of State AL DAVIS ROOFING COMPANY INC Principal Place of Business Mailing Address 1456 BRASHVILLE ROAD 1456 BRASHVILLE ROAD SWITZERLAND FL 32259 SWITZERLAND FL 32259 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State Applied For 4. FEI Number 20-8415142 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, ALBERT JR 1456 BRASHVILLE ROAD Street Address (P.O. Box Number is Not Acceptable) **SWITZERLAND FL 32259** Zip Code FL 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 nimied name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME DAVIS, ALBERT JR NAME STREET ADDRESS 1456 BRASHVILLE ROAD STREET ADDRESS U00000959058 'A4.'NS-80004-CITY-ST-ZIP SWITZERLAND FL 32259 CITY - ST- ZIP ☐ Delete Addition TITLE TITLE DAVIS, BRENDA K NAME NAME 1456 BRASHVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SWITZERLAND FL 32259 CITY-ST-ZIP FIFLE ☐ Delete Change ☐ Addition TID F NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

8-20-08

904-287-0525