FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 SEP 30 AM 11:31

DOCUMENT # P06000103960

1. Entity Name
Onshore Roofing Specialists Inc

DO NOT WRITE IN THIS SPACE

300136422663
09/29/08--01007--013 **185.00

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
10666 SE ST LUCIE Blvd	10666 SE ST LUCIE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34996 Country: US	Zip: 34996 Country: US

4. FEI Number: 20-5344667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Timothy Hutchinson

Street Address (P.O. Box Number is Not Acceptable): 10666 SE ST LUCIE BLVD

City: Stuart FL Zip Code: 34996

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] 9/24/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

NO NOTICE Received

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Bianca Kolinoski	NAME	
STREET ADDRESS	10666 SE ST LUCIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	Stuart FL 34996	CITY-ST-ZIP	
TITLE	VP VICE President	TITLE	
NAME	JOE Kolinoski	NAME	
STREET ADDRESS	10666 SE ST LUCIE BLVD Stuart FL	STREET ADDRESS	
CITY-ST-ZIP	34996	CITY-ST-ZIP	
TITLE	VICE President	TITLE	
NAME	Timothy Hutchinson	NAME	
STREET ADDRESS	10666 SE ST LUCIE BLVD	STREET ADDRESS	
CITY-ST-ZIP	Stuart FL 34996	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	
NAME		NAME	**IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Bianca Kolinoski 9-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division Phone #