2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127719

Entity Name: GARNER ROOFING, INC.

FILED Mar 21, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
|---------------------------------------------|-----------------------------------------------------------------|--------------------------------|---------------------------------------------|--------------------------|---------------------------------|----------|
| | NDARIN RD IVILLE, FL 32223 | 3 US | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| | NDARIN RD IVILLE, FL 32223 | 3 US | | | | |
| FEI Number | : 20-5664384 | FEI Number Applied For() | FEI Number Not App | icable () | Certificate of Status Desired | I() |
| Name and | d Address of Cu | rrent Registered Agent: | Name and | Address of | f New Registered Agent: | |
| 11670 MA | CHARLES W NDARIN RD WILLE, FL 32223 | 3 US | | | | |
| | e named entity sul e of Florida. | bmits this statement for the p | ourpose of changing i | ts registered | d office or registered agent, c | or both, |
| SIGNATUI | RE: | | | | | |
| | Electronic | Signature of Registered Age | ent | | Date | |
| Election Ca | mpaign Financing T | rust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | |
| Title: Name: Address: City-St-Zip: | VP () DO GARNER, KEITH T 3065 DELOR DR JACKSONVILLE, I | Г | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () D HOVEY, CHARLES 11670 MANDARIN JACKSONVILLE, I | S W I RD | Title: Name: Address: City-St-Zip: | HOVEY, CHA 11670 MANE | | |
| Title: Name: Address: City-St-Zip: | D (X) D GARNER, BARBA 3065 DELOR DR JACKSONVILLE, I | RA | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P (X) D HOVEY, MARYAN 11670 MANDARIN JACKSONVILLE, I | N I RD | Title: Name: Address: City-St-Zip: | | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES HOVEY P 03/21/2008