

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137273

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: FLORIDA COASTAL ROOFING, INC.

**Current Principal Place of Business:**

1911 S. HWY 77  
LYNN HAVEN, FL 32444 US

**New Principal Place of Business:**

**Current Mailing Address:**

1911 S. HWY 77  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 59-3542280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NABORS, SCOTT  
456 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ANDREWS, GORDON A  
Address: 200 MONTANA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP ( ) Delete  
Name: PITTS, FREDDIE  
Address: 456 HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: S ( ) Delete  
Name: ANDREWS, PAMELA  
Address: 200 MONTANA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PITTS, FREDDIE  
Address: 116 HITCHCOCK AVENUE  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GORDON A. ANDREWS

PO

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date