

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154059

FILED
May 01, 2008
Secretary of State

Entity Name: A-1 ROOFING OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1631 SW 11TH STREET
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

904 SW 6TH AVENUE
OKEECHOBEE, FL 34974 US

Current Mailing Address:

1631 SW 11TH STREET
OKEECHOBEE, FL 34974 US

New Mailing Address:

904 SW 6TH AVENUE
OKEECHOBEE, FL 34974 US

FEI Number: 20-8058517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRALIX, TROY D
1631 SW 11TH STREET
OKEECHOBEE, FL 34974 US

Name and Address of New Registered Agent:

FRALIX, TROY D
904 SW 6TH AVENUE
OKEECHOBEE, FL 34974 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRALIX, TROY D
Address: 1631 SW 11TH STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: VP () Delete
Name: FRALIX, KIMBERLY B
Address: 1631 SW 11TH STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRALIX, TROY D
Address: 904 SW 6TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: VP (X) Change () Addition
Name: FRALIX, KIMBERLY B
Address: 904 SW 6TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34974 US

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: TROY FRALIX

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date