

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000010814

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FIRST QUALITY ROOFING SERVICES, INC.

## Current Principal Place of Business:

1019 SHADICK DRIVE  
ORANGE CITY, FL 32763 US

## New Principal Place of Business:

## Current Mailing Address:

1019 SHADICK DRIVE  
ORANGE CITY, FL 32763 US

## New Mailing Address:

FEI Number: 20-8323801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMSON, LYNN  
2801 IRONDALE STREET  
DELTONA, FL 32738 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 ( ) Delete  
Name: THOMAS, MICHAEL  
Address: 329 W. OHIO AVENUE  
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP ( ) Delete  
Name: GEYER, JERRY E  
Address: 138 ROSEDALE DRIVE  
City-St-Zip: DELTONA, FL 32738 US

Title: ST ( ) Delete  
Name: WILLIAMSON, LYNN  
Address: 2801 IRONDALE DRIVE  
City-St-Zip: DELTONA, FL 32738 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: WILLIAMSON, LYNN M  
Address: 2801 IRONDALE STREET  
City-St-Zip: DELTONA, FL 32738 US

Title: S (X) Change ( ) Addition  
Name: WILLIAMSON, LYNN  
Address: 2801 IRONDALE DRIVE  
City-St-Zip: DELTONA, FL 32738 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: LYNN WILLIAMSON

VP

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date