2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008 8:00 am
Secretary of State
04-21-2008 90077 009 ***150.00

DOCUMENT # P07000015787

1. Entity Name
BENCHMARK ROOFING OF WEST PASCO, INC.

Principal Place of Business	Mailing Address
8906 PANDORA LANE PORT RICHEY, FL 34668	8906 PANDORA LANE PORT RICHEY, FL 34668

66011094

03212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8906 Pandora lane	8906 Pandora lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey Fl	City & State: Port Richey Fl
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number 11-3805255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, ERIC 8906 PANDORA LANE PORT RICHEY, FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ PRESIDENT 4-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

ERIC CLARK

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARK, ERIC		NAME	
STREET ADDRESS	8906 PANDORA LANE		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLARK, COLETTE		NAME	
STREET ADDRESS	8906 PANDORA LANE		STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

X ______ PRESIDENT