

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000025426

FILED
Apr 17, 2008
Secretary of State

Entity Name: HORMAK CONSTRUCTION AND ROOFING INC.

Current Principal Place of Business:

1117 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1117 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1296781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKAIN, HORACE
1117 OAKWATER DRIVE
ROYAL PALM BEACH, FL 33411 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: PD () Delete
Name: MCKAIN, HORACE
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: MCKAIN, HORACE
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VM () Change (X) Addition
Name: MCKAIN, VERNA
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Change (X) Addition
Name: MCKAIN, KIMEKA
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Change (X) Addition
Name: MCKAIN, CHEVAUNE
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Change (X) Addition
Name: MCKAIN, SASHAUNA
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Change (X) Addition
Name: ROBERTS, DEAN
Address: 1117 OAKWATER DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: HORACE MCKAIN

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date