

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90006 034 ***150.00

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1. Entity Name

ALL TROPIC ROOFING, INC.



Principal Place of Business

9369 NW 53RD CT
SUNRISE FL 33351

Mailing Address

9369 NW 53RD CT
SUNRISE FL 33351

2. Principal Place of Business - No P.O. Box #

127 Delespine St.

Suite, Apt. #, etc.

3. Mailing Address

127 Delespine St.

Suite, Apt. #, etc.

City & State

Melbourne beach FL

Zip 32951

Country U.S.

City & State

Melbourne beach FL

Zip 32951

Country U.S.

4. FEI Number

65-0381875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

HLAVSA, MATTHEW
9369 NW 53RD COURT
SUNRISE FL 33351

moved to New address

7. Name and Address of Registered Agent

Name

Matthew Hlavsa

Street Address (P.O. Box Number is Not Acceptable)

127 Delespine St.

City

Melbourne Beach

FL

Zip Code

32951

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HLAUSA, MATTHEW
STREET ADDRESS 9369 NW 53RD CT
CITY-ST-ZIP SUNRISE FL 33351
127 Delespine St
Melbourne beach FL 32951

TITLE VP
NAME HLAUSA, SHAYNE
STREET ADDRESS 9369 NW 53 CT
CITY-ST-ZIP SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

954 295 3879

Date

Daytime Phone #