

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004449

FILED
Jan 07, 2008
Secretary of State

Entity Name: CAPPS AND HUFF ROOFING, INC.

Current Principal Place of Business:

8686 SE ALABAMA PL
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8053
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0380476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPS, J. BLAKE
8686 SE ALABAMA PL
HOBE SOUND, FL 33455 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: CAPPS, J. BLAKE
Address: 8686 SE ALABAMA PL
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: CAPPS, DAVID
Address: 8470 SE DHARLYS ST.
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: CAPPS, STEPHEN M
Address: 1155 SE BUTTONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: J. BLAKE CAPPS

PD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date