

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000013239 1. Entity Name ESCAMBIA/SANTA ROSA ROOFING & SIDING, INC.						FILED 07 SEP 17 PM 2:31 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 3280 DUNAWAY LANE PENSACOLA, FL 32526 US				Mailing Address 3280 DUNAWAY LANE PENSACOLA, FL 32526 US							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number 59-3204739				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent KIRKSEY, ALLISON E 3280 DUNAWAY LANE PENSACOLA, FL 32526				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>							
\$5.00 May Be Added to Fees				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKSEY, ALLISON E 3280 DUNAWAY LANE PENSACOLA, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Anna Merritt 7000 Long Leaf Creek Dr PENSACOLA FL 32526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAWSON, JAMES 12921 ROSIRITO PLACE PENSACOLA, FL 32506 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/TRES Jack Kirksey 7300 Eight Mile Creek Rd PENSACOLA FL 32526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	500109596035 09/20/07--01019--022 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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.											
SIGNATURE: <u>A. Allison E. Kirksey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9-11-07 <small>Date</small>				850 944-9410 <small>Daytime Phone #</small>			