

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 016 ***150.00

DOCUMENT # P93000040657

1. Entity Name
A. M. BEST ROOFING INC.



Principal Place of Business
**PO BOX 3557
FLORIDA CITY, FL 33034**

Mailing Address
**PO BOX 3557
FLORIDA CITY, FL 33034**

40040011



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0416145 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KULBABA, STANLEY
858 ELLEN DR
KEY LARGO, FL 33037**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | KULBABA, STANLEY |
| STREET ADDRESS | PO BOX 3557 N/A |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |

| | |
|----------------|------------------------|
| TITLE | PST |
| NAME | KULBABA, STANLEY J |
| STREET ADDRESS | PO BOX 3557 N/A |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |

| | |
|----------------|------------------------|
| TITLE | VD |
| NAME | KULBABA, STANLEY J |
| STREET ADDRESS | PO BOX 3557 N/A |
| CITY-ST-ZIP | FLORIDA CITY, FL 33034 |

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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/07