

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000058386

1. Entity Name

TOUGH ROOFING COMPANY INCORPORATED



Principal Place of Business

**20430 NW 24TH CT
OPA LOCKA FL 33055**

Mailing Address

**20430 NW 24TH CT
OPA LOCKA FL 33055**



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

3. Mailing Address

Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0427899**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, JEFFERS
20430 NW 24TH CT.
MIAMI FL 33056**

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

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

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

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 **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WALKER, JEFFERS 20470 NW 24TH CT MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000000879049 04/15/08-80004-025 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP WALKER, THOMAS 20430 N.W. 24TH CT. MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPDS WALKER, THOMAS 20430 NW 24 CT MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WALKER, THOMAS 20430 N.W. 24 CT. MIAMI FL 33056	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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: *Thomas Walker* **THOMAS WALKER, VPDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

305.710.9299

DATE

TELEPHONE