

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P94000055713**

1. Entity Name  
ROOFTOP CLEANUP CREW, INC.



**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
5803 NORTH LANE  
ORLANDO, FL 32808

Mailing Address  
PO BOX 617392  
ORLANDO, FL 32861



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0509282

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHELLS, ALBERTO D  
5803 N LANE  
ORLANDO, FL 32808

**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 \_\_\_\_\_  
(Type or printed name of registered agent and use if applicable) (NOTE: registered Agent signature required when reinstating)

**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	P
NAME	SHELLS, ALBERTO D
STREET ADDRESS	PO BOX 617392
CITY-ST-ZIP	ORLANDO, FL 32861
TITLE	VP
NAME	MADISON, WILLIE
STREET ADDRESS	608 INDIAN ST
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000732930  
05/09/07-80065-017 150.00

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: *Alberto D Shells* *Alberto D Shells President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/19/07* Daytime Phone: *407 295 3674*