


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90031 006 ***150.00

DOCUMENT # P94000059138		
1. Entity Name L. POWELL ROOFING, INC.		
Principal Place of Business 3741 NW 9TH STREET FORT LAUDERDALE, FL 33311	Mailing Address 3741 NW 9TH STREET FORT LAUDERDALE, FL 33311	



2. Principal Place of Business - No P.O. Box # 5634 SW 20TH STREET	3. Mailing Address 5634 SW 20TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State WEST PARK, FL	City & State WEST PARK, FL	4. FEI Number 65-0511922	Applied For <input type="checkbox"/>
Zip 33023	Country USA	Zip 33023	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

POWELL, LEON
2850 S.W. 5TH STREET
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5634 SW 20TH STREET
 City **WEST PARK** **FL** Zip Code **33023**

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: X (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 NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, LEON 2850 S.W. 5TH STREET FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5634 SW 20TH STREET WEST PARK, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Leon Powell DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR