

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000093104**

1. Entity Name  
**PROFESSIONAL ROOFING CONTRACTORS, INC.**



Principal Place of Business  
**3046 SE DOMINICA TERRACE  
STUART, FL 34997 US**

Mailing Address  
**PO BOX 8335  
HOBE SOUND, FL 33475 US**

**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0545153</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**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 rehastating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**000000940448  
05/28/08-80067-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE **PVTD**  
NAME **SIMMONS, DANIEL L**  
STREET ADDRESS **3046 SE DOMINICA TERRACE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **D**  
NAME **SIMMONS, JACKIE L**  
STREET ADDRESS **3046 SE DOMINICA TERRACE**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Daniel Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

772-546-2715

Date

Daytime Phone #