

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -2 PM 2:31

DOCUMENT # P95000048375

1. Entity Name

STEVE FRONTERA ROOFING, INC.



Principal Place of Business

505 NW ASHTON WAY  
PORT ST. LUCIE, FL 34983

Mailing Address

P.O. BOX 9661  
PORT ST. LUCIE, FL 34985



07312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0588925

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FRONTERA, STEVE  
505 NW ASHTON WAY  
PORT SAINT LUCIE, FL 34983

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRONTERA, STEVE  
STREET ADDRESS 505 NW ASHTON WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE V  
NAME FRONTERA, SAMUEL  
STREET ADDRESS 505 NW ASHTON WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000107463860  
08/07/07--01051--011 \*\*150.00

**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 another like empowered.

SIGNATURE:

*Steve Frontera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-30-07