

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 012 ***150.00

DOCUMENT # P95000081574

1. Entity Name
STATEWIDE ROOF COATING, INC.



Principal Place of Business
**15907 COUNTRY LANE
SPRING HILL, FL 34610**

Mailing Address
**15907 COUNTRY LANE
SPRING HILL, FL 34610**

40047465



2. Principal Place of Business

3223 East Deal St
Suite, Apt. #, etc.

3. Mailing Address

3223 East Deal St
Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State

Inverness FL

City & State

Inverness FL

4. FEI Number

59-3344697

Applied For

Not Applicable

Zip

34450

Country

Citrus

Zip

34450

Country

Citrus

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOCKE, JOHN C ESQUIRE
SUNNE & LOCKE, P.A.
1151 N.E. CLEVELAND STREET
CLEARWATER, FL 33755**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	GRABILL, JAMES E	
STREET ADDRESS	15907 COUNTRY LANE	
CITY-ST-ZIP	SPRING HILL, FL 34610	
TITLE	S	<input type="checkbox"/> Delete
NAME	MODRAK, VICTOR	
STREET ADDRESS	1452 LAKE TARPON AVE.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-06