

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000019139</b><br>1. Entity Name<br><b>MILLARD ROOFING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                    |  |
| Principal Place of Business<br>6901 S. 78TH ST.<br>RIVERVIEW, FL 33569                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | Mailing Address<br>6901 S. 78TH ST.<br>RIVERVIEW, FL 33569                                                          |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MILLARD, LAWRENCE M</b><br><b>5910 CHERRY OAK DR.</b><br><b>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                   |  |
| 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 _____ (NOTE: Registered Agent's signature is required when reappointing) _____ DATE _____<br><small>Signature: typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 14, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MILLARD, LAWRENCE M<br>5910 CHERRY OAK DRIVE<br>VALRICO, FL 33594 |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>BEASLEY, GREGORY A<br>5715 BENT GRASS<br>VALRICO, FL 33594        |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>MILLARD, SUSAN L<br>5910 CHERRY OAK DRIVE<br>VALRICO, FL 33594    |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>DO NOT WRITE IN THIS SPACE</b>                                      |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                        |                                                                                                                     |  |
| <b>SIGNATURE:</b> <i>Susan L. Millard</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | 7/3/07 (813) 661-4522<br><small>Date Daytime Phone #</small>                                                        |  |



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|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3371198</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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07/05/07-80005-013 150.00