

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90096 003 ***150.00

DOCUMENT # P96000079370					
1. Entity Name QUALITY ROOFING OF FLORIDA, INC.					
Principal Place of Business 6601 N. 50TH ST. TAMPA, FL 33610 US			Mailing Address 6601 N 50TH ST TAMPA, FL 33610 US		
2. Principal Place of Business - No P.O. Box # 6515 North 50th Street		3. Mailing Address 6515 North 50th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3404411	
Zip 33610		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARRISON, JOHN R 812 SHADOW RUN BLVD RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name: Garrison John R Street Address (P.O. Box Number is Not Acceptable): 11812 Shadow Run Blvd City: Riverview, FL FL Zip Code: 33569		
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: DATE:					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE VP NAME GARRISON, JOHN R STREET ADDRESS 812 SHADOW RUN BLVD CITY-ST-ZIP RIVERVIEW, FL 33569	<input type="checkbox"/> Delete				
TITLE P NAME JENKINS, RICHARD C STREET ADDRESS 3024 W CHAPIN AVE CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete				
TITLE T NAME JENKINS, TANNER C STREET ADDRESS 4015 BAYSHORE BLVD. APT 4A CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete				
TITLE S NAME MARTIN, DANIEL B STREET ADDRESS 4721 DAWN MEADOW CT CITY-ST-ZIP PLANT CITY, FL 33565	<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 VP NAME Garrison, John R STREET ADDRESS 11812 Shadow Run Blvd CITY-ST-ZIP Riverview, FL 33569	<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 VP NAME Jenkins, Tanner C STREET ADDRESS 4015 Bayshore Blvd #4A CITY-ST-ZIP Tampa, FL 33611	<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				
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: Vice President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/12/07 Daytime Phone #: 813-420-4797					