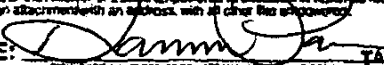


FILED
Apr 05, 2007 8:00 am
Secretary of State

03-28-2007 90002 002 ***150.00
 02-23-2007 90024 029 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

2/23
 2/3/28

DOCUMENT # P97000000272			
1. Entity Name DON POSS ROOFING, INC.			
Principal Place of Business 2050 W HWY 44 INVERNESS, FL 34450		Mailing Address 2050 W HWY 44 INVERNESS, FL 34450	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 107 BK FIRST AVENUE	
Sells, Apt. #, etc.		Sells, Apt. #, etc.	
City & State		City & State OCALA, FL	
Zip	Country	Zip	Country
34470-6661	USA	34470-6661	USA
4. Name and Address of Current Registered Agent POSS, DONALD L 2050 W HWY 44 INVERNESS, FL 34450		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____			
FILE NOW!! FEB IS \$150.00 After May 1, 2007 Fee will be \$350.00		7. Election Campaign Financing Trust Fund Contributions ☐ \$5.00 May Be Added to Fees.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete PO POSS, DONALD L 2155 HAMPSHIRE STREET INVERNESS, FL 34453	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ST POSS, TAMMI 2155 HAMPSHIRE STREET INVERNESS, FL 34453	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 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 filers' signatures.			
SIGNATURE:  TAMMI POSS		4/2/07 (352)637-6687	

66008116



02162007 Chg-P CRZED04 (12/06)

4. FEI Number
59-3422780 Applied For
 Not Applicable

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

SIGNATURE:

TAMMI POSS

4/2/07

(352)637-6687