4/2/2007 3:25 PM FROM: Dell Berryhill, Hoffman _Getsee, PA TO: 1-

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

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

2/23
2/3/28

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66008116

DOCUMENT # P97000000272

1. Entity Name
DON POSS ROOFING, INC.

Principal Place of Business	Mailing Address
2050 W HWY 44 INVERNESS, FL 34450	2050 W HWY 44 INVERNESS, FL 34450

02162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	107 NE FIRST AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: OCALA, FL
Zip / Country	Zip: 34470-6661 / Country: USA

4. FEI Number: 59-3422760 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POSS, DONALD L
2050 W HWY 44
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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-ST-ZIP	PD POSS, DONALD L 2155 HAMPSHIRE STREET INVERNESS, FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST POSS, TAMMI 2155 HAMPSHIRE STREET INVERNESS, FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] TAMMI POSS 4/2/07 (352)637-6687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #