2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2008 08:00 Al Secretary of State **DOCUMENT # P97000009877** TILTON ROOFING INC. Principal Place of Business Mailing Address 273 EAST END ROAD P.O. BOX 2614 PALATKA, FL 32178-2614 SAN MATEOO, FL CR2E034 (11/05) 01082008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3426177 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILTON, CONNIE DO NOT WRITE 7350 CRILL AVENUE PALATKA, FL 32177 IN THIS SPACE 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. APRIL 28,2008 (NOTE: Registered Agent signature required when reinstating) . . .000000948351 .02.708-80049-025 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE TILTON, BARTOLA JR. NAME STREET ADDRESS P.O. BOX 575 BUNNELL, FL 32110 CITY-ST-ZIP TITLE TILTON, PATRICIA P NAME P.O. BOX 575 STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 32110 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR