2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000055912

1. Entity Name
ROOF TILE SPECIALISTS, INC.-PALM CITY

Principal Place of Business	Mailing Address
50 KINDRED STREET SUITE 107 STUART, FL 34994	88 KEARNY STREET SUITE 1818 SAN FRANCISCO, CA 94108

DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0762571
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JAMES
50 KINDRED STREET
SUITE 107
STUART, FL 34994

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	PRES
NAME	PETERSEN, JAMES
STREET ADDRESS	50 KINDRED STREET, SUITE 107
CITY-ST-ZIP	STUART, FL 34994
TITLE	VP
NAME	VAN BEEK, DAVID
STREET ADDRESS	50 KINDRED STREET, SUITE 107
CITY-ST-ZIP	STUART, FL 34994
TITLE	SEC
NAME	VAN BEEK, DAVID
STREET ADDRESS	50 KINDRED STREET, SUITE 107
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	HARRIS, DAVID
STREET ADDRESS	50 KINDRED STREET, SUITE 107
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000660312
03/14/07-80020-022 150.00

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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: _____ 2/2/07 415/393-9566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #