2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P98000073047

Entity Name: ROOFMASTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4212 LEE BLVD
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

4212 LEE BLVD
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 65-0867453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOCIATES,INC
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

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.

SIGNATURE: BENJAMIN J. COTTRELL 02/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWELL, FRANK D
Address: 4212 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP (X) Delete
Name: WILSON, THOMAS
Address: 4212 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S ( ) Delete
Name: NEWELL, PETER
Address: 4212 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: NEWELL, PETER
Address: 4212 LEE BLVD
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F.D. NEWELL PRES 02/13/2008
Electronic Signature of Signing Officer or Director Date