


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-16-2007 90044 015 ***158.75

DOCUMENT # P98000082003 1. Entity Name JOHN GILMORE ROOFING, INC.		
Principal Place of Business 11111-70 SAN JOSE BLVD PMB #196 JACKSONVILLE, FL 32223 US	Mailing Address 11111-70 SAN JOSE BLVD PMB #196 JACKSONVILLE, FL 32223 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GILMORE, DONNA 11647 GWYNFORD LANE JACKSONVILLE, FL 32223		DO NOT WRITE 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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GILMORE, JOHN 11647 GWYNFORD LANE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS GILMORE, DONNA 11647 GWYNFORD LANE JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 lines empowered.		
SIGNATURE: <u>Donna Gilmore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/5/07</u> <u>904-880-8044</u> <small>Date Daytime Phone #</small>



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	