

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017560

FILED
Feb 13, 2007
Secretary of State

Entity Name: KIMBERLY M. HOUSTON ROOFING, INC.

Current Principal Place of Business:

43189 EGGER PLACE
CALLAHAN, FL 32011 US

New Principal Place of Business:

43189 EGGER PLACE
NONE
CALLAHAN, FL 32011 US

Current Mailing Address:

P O BOX 105
BRYCEVILLE, FL 320090105 US

New Mailing Address:

P O BOX 105
NONE
BRYCEVILLE, FL 320090105 US

FEI Number: 59-3559900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSTON, KIMBERLY M
43189 EGGER PLACE
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

HOUSTON, KIMBERLY M
43189 EGGER PLACE
NONE
CALLAHAN, FL 32011 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: KIMBERLY M. HOUSTON

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HOUSTON, KIMBERLY M
Address: 43189 EGGER PLACE
City-St-Zip: CALLAHAN, FL 320119202 US

Title: DS () Delete
Name: BLAIR, THOMAS A
Address: 54025 JEANNIE ROAD, P.O BOX 1670
City-St-Zip: CALLAHAN, FL 320111670 US

Title: DV () Delete
Name: HOUSTON, SAMUEL L
Address: 43189 EGGER PLACE
City-St-Zip: CALLAHAN, FL 320119202 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: NONE () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE () Change (X) Addition
Name: NONE, NONE
Address: NONE
City-St-Zip: CALLAHAN, FL 32011 US

Title: NONE () Change (X) Addition
Name: NONE, NONE
Address: P O BOX 1670 449672 US HWY 301
City-St-Zip: CALLAHAN, FL 32011 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY M. HOUSTON

DPT

02/13/2007

Electronic Signature of Signing Officer or Director

Date