

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90136 046 ***150.00

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1. Entity Name
EMBICK BROS. ROOFING, INC.



40045679

Principal Place of Business Mailing Address
4700 SW 30TH ST 4700 SW 30TH ST
DAVIE, FL 33314 DAVIE, FL 33314

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2510 SW 3 Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FL Lauderdale
33315 Zip Country Zip Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2477891 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

STROOP, WILLIAM T
644 S.E. 4TH AVENUE
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name E. Scott Golden

Street Address (P.O. Box Number is Not Acceptable)

644 SE 4th Ave

City Ft Lauderdale FL Zip Code 33301

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 P. EMBICK, MARK ☐ Delete
NAME
STREET ADDRESS 1528 LANCE ROAD
CITY - ST - ZIP JUPITER, FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

954-791-2574

Daytime Phone #