


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**2 Mar 24, 2008 8:00 am
Secretary of State**

02-08-2008 90035 001 ***150.00

| | |
|--|---|
| DOCUMENT # P99000107787 1. Entity Name ROOFS BY RAINY DAY INC. |  |
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|---|---|
| Principal Place of Business 8955 ANTIGUA DR LARGO, FL 33777 | Mailing Address 8955 ANTIGUA DR LARGO, FL 33777 |
|---|---|

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66004777



01252008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-3611632 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**RICHARDSON, DUANE B
8955 ANTIGUA DR
LARGO, FL 33777**

**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 *Duane B Richardson* **DUANE RICHARDSON** 3-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P RICHARDSON, DUANE B 8955 ANTIGUA DR LARGO, FL 33777 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: *Duane Richardson* **DUANE RICHARDSON** 3-18-08 (727) 215-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #