## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 11, 2008 08:00 Al Secretary of State DOCUMENT # S08522 1. Entity Name BOULERICE ROOFING & SUPPLY, INC. Principal Place of Business Mailing Address 6735 W LEWDINGAR DRIVE PO BOX 1087 HOMOSASSA FL 34446 LECANTO FL 34460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3034780 Not Applicable Zip Country Zρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POE, GARY A Street Address (P.O. Box Number is Not Acceptable) 1243 S ESTATE PT **INVERNESS FL 32650** City Zip Code 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 coligations of redistered agent. SIGNATURE Squalure is pead or proced learns of regulated ascent and the Turbicacio. ff.OTE: Registined Agent eighnfum required when rommating? DATE FILE NOW!!! FEE IS \$150.00 - Table 711 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change De-ete ☐ Addition NAME BOULERICE, BARRY NAME U00000892064 7480 S HOBBS POINT STREET ADDRESS STREET ADDRESS 04/23/0**8**-80050-024 150.nn LECANTO FL 34461 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BOULERICE, ROBERT NAME STREET ADDRESS 7471 S IRMA POINT STREET ADDRESS CITY-ST-ZIP LECANTO FL CHY-ST-7IP ma STD mi Change Change Addition ☐ Da ete NAME BOULERICE, DAVID NAME STREET ADDRESS STREET ADDRESS 7395 S AUTO CLUCK DITY-ST-ZIP LECANTO FL 34461 CITY-ST-ZIP MLE De ete THE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Change TITLE □ De-ete Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THIE Change Addition NOME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

april 8, 7008