


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90003 008 \*\*\*158.75

<b>DOCUMENT # S17117</b> 1. Entity Name <b>MR. ROOFER OF PINELLAS, INC.</b>					
Principal Place of Business <b>6270 118TH AVE. N. #17 LARGO, FL 33773 US</b>			Mailing Address <b>PO BOX 2331 PINELLAS PARK, FL 33780 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8128 CAUSEWAY BLVD S</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>ST PETERSBURG, FL</b>		City & State		4. FEI Number <b>59-3038749</b>	
Zip <b>33707</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZEOLI, SEBASTIAN 8413 JACARANDA AVE. LARGO, FL 33777</b>				7. Name and Address of New Registered Agent Name <b>GARY PORTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>8128 CAUSEWAY BLVD S</b> City <b>ST PETERSBURG FL 33707</b>	
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 <u><i>GARY PORTER</i></u> <b>GARY PORTER</b> <u>2-8-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, GARY 8128 CAUSEWAY BLVD. S. SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>GARY K. PORTER</i></u> <b>DIRECTOR GARY K. PORTER</b> <u>2-8-07</u> <u>727-709-5227</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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