## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Feb 13, 2008 08:00 AN Secretary of State

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1. Entity Name

ROY HAND AND SON ROOFING, INC.



Principal Place of Business

810 CARSWELL AVE. HOLLY HILL, FL 32117

Mailing Address

810 CARSWELL AVE. HOLLY HILL, FL 32117



01312008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3054990

Applied For Not Applicable

5. Certificate of Status Desired

\$8

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAND, ADRIAN ROY, JR. 810 CARSWELL AVE. HOLLY HILL, FL 32117

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						<u> </u>				
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. † am familiar with, and accept the obligations of registered agent										
SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE, Registered Agent signature required when renstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	•					
10.	OFFICERS AND DIREC	CTORS	I		·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAND, ADRIAN ROY, JR. 836 EIGHTH ST. HOLLY HILL, FL		# <u>*</u> .	·.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAND, DOROTHY 836 EIGHTH ST. HOLLY HILL, FL				U00000825 02/21/08-800	5788 024-012 158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAND, ALAN R 14 SILVER FOX TRAIL ORMOND BEACH, FL 32174			DO	NOT WR	ITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			IN '	THIS SPA	CE				
TITLE NAME STREET ADDRESS CITY - ST-ZIP										
TITLE NAME STREET ADDRESS										

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 attachneon; with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

760.7/08 386.5473655