

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # V44585

1. Entity Name

BURKE W. HAMMOND ROOFING, INC.



Principal Place of Business

5095 FAYANN ST
ORLANDO, FL 32812

Mailing Address

5095 FAYANN ST
ORLANDO, FL 32812



02072007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3128585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, BURKE W
5095 FAYANN ST
ORLANDO, FL 32812

**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 _____

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

U000000628850
02/16/07-80034-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMMOND, BURKE W
STREET ADDRESS	7410 DAETWYLER DR
CITY- ST- ZIP	ORLANDO, FL 32812
TITLE	VPST
NAME	HAMMOND, BURKE W
STREET ADDRESS	7410 DAETWYLER DR
CITY- ST- ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

President
BURKE W. HAMMOND

2/2/07 *407-277-3415*