

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 11, 2008 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**

DO NOT WRITE IN THIS SPACE



02062008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3128585

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fees 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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

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	

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02/20/08-80053-018 150.00

**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 #

2/5/08 407-277-3415