

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # V66169

1. Entity Name
WHITE TOP ROOF COATING, INC.



Principal Place of Business
**440 SOUTH MAIN STREET
LAKE PLACID, FL 33852**

Mailing Address
**PO BOX 484
LAKE PLACID, FL 33862-0484**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3149700

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, BERT J., III
401 DAL HALL BLVD
LAKE PLACID, FL 33852**

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HATHAWAY, RONALD E., SR.
STREET ADDRESS	440 SOUTH MAIN ST.
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	DST
NAME	HATHAWAY, MILDRED L.
STREET ADDRESS	440 SOUTH MAIN ST.
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	DV
NAME	HATHAWAY, RYAN
STREET ADDRESS	440 SOUTH MAIN ST.
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/01/07-80019-015 150.00

**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 #

1/15/2007 863-465-2105