

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F05000000256

1. Entity Name
KERKAN ROOFING, INC.



Principal Place of Business
**721 WEST WYOMING AVENUE
CINCINNATI, OH 45215**

Mailing Address
**721 WEST WYOMING AVENUE
CINCINNATI, OH 45215**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1426470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, TROY D
3911 21ST AVENUE WEST
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

18. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	P
NAME	KERN, DAVID L
STREET ADDRESS	3915 BREMEN PASS
CITY-ST-ZIP	CINCINNATI, OH 45002
TITLE	S
NAME	ANDERSON, TROY D
STREET ADDRESS	3911 21ST AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	T
NAME	REINHART, DAVID G
STREET ADDRESS	7190 DOG TROT ROAD
CITY-ST-ZIP	CINCINNATI, OH 45248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/07-80020-006 150.00

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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

**DAVID L. KERN
PRESIDENT**

1/4/07 (513) 821-0556
Date Daytime Phone #