

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR -7 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F89070</b> 1. Entity Name DALE TADLOCK ROOFING, INC.	
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Principal Place of Business 6621 PROCTOR ROAD TALLAHASSEE, FL 32308	Mailing Address 1560 CAPITAL CIR. NW SUITE 16 TALLAHASSEE, FL 32303
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2. Principal Place of Business 1408-C	3. Mailing Address 1408-C
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Suite, Apt. #, etc. Capital Cir. N.E.	Suite, Apt. #, etc. Capital Cir. N.E.
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City & State Tallahassee, FL	City & State Tallahassee, FL
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Zip 32308	Country USA	Zip 32308	Country USA
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04062006 Chg-P CR2E034 (11/05) *De*

4. FEI Number 59-2199004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  TADLOCK, DALE K 6621 PROCTOR ROAD TALLAHASSEE, FL 32308	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TADLOCK, DALE K 6621 PROCTOR ROAD TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dale Tadlock 4/6/06 877-5516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #