


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109484

1. Entity Name
R&R ROOF SERVICES, INC.



Principal Place of Business
2148 INNER CASS CIRCLE
SARASOTA, FL 34231 US

Mailing Address
2148 INNER CASS CIRCLE
SARASOTA, FL 34231 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1053182 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NORMAN, NELSON R
2148 INNER CASS CIRCLE
SARASOTA, FL 34231

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN, NELSON R 2148 INNER CASS CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORMAN, RICHARD 7347 CASS CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES NORMAN, VIOLET V 2148 INNER CASS CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NORMAN, COLLEEN 2148 INNER CASS CIRCLE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000396424
 01/30/06-80004-024 150.00

U00000396424
 01/30/06-80004-025 8.75

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: *Nelson R. Norman* **NELSON R. NORMAN** 1-21-06 941 921 3485

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