## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Feb 03, 2006 08:00 AM Secretary of State

| ANNUAL REPURT  |  |                       | _                                 | , Secretary of State     |  |  |
|--|--|-----------------------|-----------------------------------|--------------------------|--|--|
| DOCUMENT # P98000034835  |  |                       |                                   | -                        |  |  |
| 1. Entity Name P & H OWENS ROOFING ENTERPRIS   | ES, INC.   |                       |                                   |                          |  |  |
| Principal Place of Business<br>2308 SW 57 AVE<br>HOLLYWOOD, FL 33023   | Mailing Address<br>2308 SW 57 AVE<br>HOLLYWOOD, FL 33023 |                       |                                   |                          |  |  |
| DO NOT WRITE   | IN THIS SPA  | CE                    | 01292006<br>4. FEI Numb<br>65-082 | No Chg-P                 | CRZE034 (11/05)  Applied For Not Applicate  \$8.75 Additional Fee Regulard |  |
| 5. Name and Address of Current Rep   | gistored Agent   | 1                     |                                   |                          | <del></del>  |  |
| OWENS, PHILLIP<br>3400 SW 116 AVE<br>DAVIE, FL 33330   | ;  |                       |                                   | NOT W<br>THIS SP         |  |  |
| The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE                          | e purpose of changing its register                       | red office or registr | ered agent, or bo                 | oth, in the State of Flo | <u> </u>   |  |
| Synature, typed or printed name of ingistered agent and i  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Fina                                |                       | 5.00 May 8a<br>ded to Fees        |                          | DATE   |  |
| 10. OFFICERS AND DIF   | RECTORS  |                       |                                   |                          |  |  |
| TITLE D NAME OWENS, PHILLIP STREET ADDRESS 3400 SW 116 AVE GHY-ST-ZIP DAVIE, FL 33330  TITLE NAME                              |  | <u> </u>              |                                   | 000000<br>02/15/06-1     | 419798<br>80023-007 150.00   |  |
| STREET ADDRESS CITY-ST-ZIT TITLE   |  | _                     |                                   |                          |  |  |
| NAME STREET AUDITESS CITY-ST-2IP TITLE   |  |                       |                                   | NOT W                    |  |  |
| NAME STREET ADDRESS CITY-S1-7/P TITLE  | i  | _                     |                                   |                          |  |  |

12. I hereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Print Our

Philip C. Owens 1-31-06 954 987-2095