APPRUYEL AND FILED

2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F04000007094 BAKÉR-SOUTH ROOFING COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

06 SEP 15 PM 2: 32

Principal Place of Business **517 MERCURY STREET** RALEIGH, NC 27603

Mailing Address P.O. BOX 26057 RALEIGH, NC 27611

DO NOT WRITE IN THIS SPACE



No Chg-P 09062008

CR2E034 (11/05)

4. FEI Number 56-0130810 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HAIRE, BRIAN 6121 N. ATLANTIC AVENUE, UNIT 108 CAPE CANAVERAL, FL

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

	•			1		
	named entity submits this statement for the pons of registered agent.	urpose of changing its registered of	ice or re	egistered agent, or bo	th, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f anolicable (NOTE: Renistered Agen	l sionature	(BQuired when reinstalling)		DATE
(VOL. Ingeste						
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		 Election Campaign Financing Trust Fund Contribution. 		\$5.00 May Be Added to Fees	In accordance with a corporation did not r	s. 607.193(2)(b), F.S., the receive the prior notice.
10.	OFFICERS AND DIREC	TORS			TO SERVE STATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BAKER, W. PRENTISS III 517 MERCURY STREET RALEIGH, NC 27603					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAKER, FRANK 517 MERCURY STREET RALEIGH, NC 27603			097	2000 795 19/06-01033	146252 002 **150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SAC CATES, MELINDA 517 MERCURY STREET RALEIGH, NC 27603) DO	NOT WR	IT E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BAKER, REBEKAH 517 MERCURY STREET RALEIGH, NC 27603		. ;	in '	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BALDWIN, R.L. 517 MERCURY STREET RALEIGH, NC 27603					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

OFFICER OR DIRECTOR