2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 08:00 AM Secretary of State **DOCUMENT # 283692** 1. Entity Name. H & H ROOFING COMPANY Principal Place of Business Mailing Address 4 TIMBER TR ORMOND BEACH FL 32174 4 TIMBER TR ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Stille, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-1057325 Not Applies: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUDSON, SR. LEWIS V. 4 TIMBER TRAIL Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 Zip Code 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 access the obligations of registered agent. SIGNATURE Digitalities, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tt. TITLE 🗀 Delete TITLE Change Arldini NAME HUGHES, CHARLES E MANE STREET AUDRESS 118 DAWN DRIVE STREET ACCRESS U00000437365 02/28/06-80038-0275 (55), 00_{0 44}::: DITY-ST-ZIP ORMOND BEACH FL CAY-SI-ZP TITLE Delete TITLE KANK HUDSON, LEWIS V. NAME STREET AUDRESS 4 TIMBER TRAIL STREET ADDRESS CITY-ST-ZIF ORMOND BEACH FL CITY-ST-ZIP TITLE Delete Title ☐ Change ☐ Addisor NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIE CITY-ST-ZIP THIS ☐ Delete mie ☐ Change Darm-NAME NAME STREET ADDRESS STREET AUGRESS CITY-ST-ZIP CHTY-ST-ZIP THILE Delete mile [] Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change 🔲 Additio NAME MAME STREE! ACCORESS STREET ALXORESS CITY -ST-77P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: @

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2/14/06

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