

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 302224

FILED
Apr 20, 2006
Secretary of State

Entity Name: TAMPA ROOFING COMPANY

Current Principal Place of Business:

1700 E. ELLICOTT
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1700 E. ELLICOTT
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1114722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWOPE, KEITH M.
1700 E ELLICOTT ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SWOPE, SAMUEL M.,
Address: 202 GREENCASTLE
City-St-Zip: TEMPLE TERRACE, FL

Title: PD () Delete
Name: SWOPE, KEITH M.,
Address: 5066 FOX HUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL

Title: S () Delete
Name: SWOPE, LISA DIANE
Address: 5066 FOXHUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SWOPE, BRIAN M.,
Address: 5066 FOX HUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: PD (X) Change () Addition
Name: SWOPE, KEITH M.,
Address: 5066 FOX HUNT DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH M. SWOPE

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date