

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90350 021 ***150.00

DOCUMENT # 473418

1. Entity Name
SUNCOAST ROOFERS SUPPLY, INC.



40073206



04272006 Chg-P CR2E034 (11/05)

Principal Place of Business
**14212 N. NEBRASKA AVENUE
TAMPA, FL 33613 US**

Mailing Address
**14212 N. NEBRASKA AVENUE
TAMPA, FL 33613 US**

2. Principal Place of Business
501 N. RED STREET
Suite, Apt. #, etc.

3. Mailing Address
501 N RED STREET
Suite, Apt. #, etc.

City & State
TAMPA FLORIDA
Zip
33609 Country
US

City & State
TAMPA FLORIDA
Zip
33609 Country
US

4. FEI Number
59-1583243 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**TAMAYO, WILLIAM
14212 N. NEBRASKA AVENUE
TAMPA, FL 33613**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
501 N RED STREET
City
TAMPA FL Zip Code
33609

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 _____
Signature, 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
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAMAYO, WILLIAM			NAME			
STREET ADDRESS	14212 N. NEBRASKA AVENUE			STREET ADDRESS	501 N RED STREET		
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	TAMPA FL 33609		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREGORY, ROWLAND E JR.			NAME			
STREET ADDRESS	14212 N. NEBRASKA AVENUE			STREET ADDRESS	501 N RED STREET		
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	TAMPA FL 33609		
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCNERNEY, ANDREW			NAME			
STREET ADDRESS	14212 N. NEBRASKA AVENUE			STREET ADDRESS	501 N RED STREET		
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	TAMPA FL 33609		
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, THOMAS			NAME			
STREET ADDRESS	14212 N. NEBRASKA AVENUE			STREET ADDRESS	501 N RED STREET		
CITY-ST-ZIP	TAMPA, FL 33613			CITY-ST-ZIP	TAMPA FL 33609		
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	KRETCHMAN, CHARLES		
STREET ADDRESS				STREET ADDRESS	501 N RED STREET		
CITY-ST-ZIP				CITY-ST-ZIP	TAMPA FL 33609		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Charles Kretchman **CHARLES KRETCHMAN** 4/27/06 813 383 0050 x147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #