
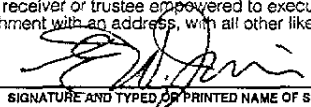


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F02000006150</b>		
1. Entity Name JURIN ROOFING SERVICES, INC.		
Principal Place of Business 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	Mailing Address 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JURIN, ERIC W 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JURIN, CHRISTOPHOR 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JURIN, ERIC W 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JURIN, CHRISTOPHOR J 2150 ROSEDALE ROAD QUAKERTOWN, PA 18951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: 		3-15-06 215-536-1886 x203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1891877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000525847  
05/04/06-80051-001 150.00