2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 08:00 AM Secretary of State

DOCUMENT # F0300 1. Entity Name MURTON ROOFING OF SOU	· · · · · · · · · · · · · · · · · · ·			Secreta	Ty of State
Principal Place of Business 2430 MORNINGSIDE DRIVE WEST COLUMBIA, SC 29169	Mailing Address 2430 MORNINGSIDE DRI WEST COLUMBIA, SC 29		(41/114 1/11/11/11/11/11/11/11/11/11/11/11/11/1	***** ** *** ** *** ** *** ** ***	(185 #118# 311# Wene 400##) (5 5 2 5)
DO NOT WE	RITE IN THIS SI	PACE			2E034 (11/05)
			57-090104 5. Certificate of St	 -	Not Applicable \$8.75 Additional Fee Required
MURTON, EDWARD 1350 N.E. 27TH TERRACE POMPANO BEACH, FL 33062 8. The above named entity submits this strength the obligations of registered agent.	atement for the purpose of changing its r	egistered office or regis	IN TH	OT WRI	am familiar with, and accep
SIGNATURE SUPPLY THE UNITED THE PROPERTY OF T	9. Election Campaig		55.00 May Be added to Fees		1-160-03
10. OFFIC INLE NAME MURTON, EDWARD J STREET ADDRESS 2430 MORNINGSIDE D CITY ST-AP WEST COLUMBIA, SC INLE NAME MARSHALL, TERRENC STREET ADDRESS 2430 MORNINGSIDE D	29169 CE C RIVE		0	U00000391; 1/24/06-800	822 57-007 150.00
INTE ST COLUMBIA, SC NAME MURTON, EDWARD G SIBERI ADDRESS 2430 MORNINGSIDE E WEST COLUMBIA, SC INTE NAME STREET ADDRESS	PRIVE			OT WRI	

12. I hereby certify that the information supplied with this filing does not qualify Tot the exemptions contained in Chapter 139, 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 it made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

CITY ST-ZIP THE

STREET ADDRESS Car-S1-ZIP

NAME STREET ADDRESS CHY-ST- OP