

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F05000002680

1. Entity Name
ROOFCO, INC. OF SUMTER, S.C.



Principal Place of Business
**1345 NORTH PIKE EAST
SUMTER, SC 29153**

Mailing Address
**1345 NORTH PIKE EAST
SUMTER, SC 29153**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number **57-0884089** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STUARD, DAVID
803 JENKS AVENUE, SUITE 23
PANAMA CITY, FL 32401**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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

000000475645
04/05/06 00025 002 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILES, JACK
STREET ADDRESS	4655 LOG CABIN ROAD
CITY-ST-ZIP	REMBERT, SC 29128
TITLE	V
NAME	MCSWAIN MILES, JACKSON
STREET ADDRESS	17 QUAIL ROOST
CITY-ST-ZIP	SUMTER, SC 29150
TITLE	ST
NAME	MILES, JUN M
STREET ADDRESS	4655 LOG CABIN ROAD
CITY-ST-ZIP	REMBERT, SC 29128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: [Signature] **Comp Sec** **3/15/06** **803 775 85**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #