


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003079 1. Entity Name A-1 SYSTEMS ROOFING, INC.	
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Principal Place of Business 904 E. WAGGOMAN STREET FORT WORTH, TX 76110	Mailing Address 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2233561	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARLSON, DOUG 9118 BAY HILL ORLANDO, FL 32819

**DO NOT WRITE
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: _____
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COX, DAVID E 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HAMILTON, SCOTT W 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, JUDY A 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, JILL D 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAHITKA, NICOLE L 904 E. WAGGOMAN STREET FORT WORTH, TX 76110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, CHRISTIE S 904 E. WAGGOMAN STREET FORT WORTH, TX 76110

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02/11/06-80057-023 158.75

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 817.705.7105
Date Daytime Phone