
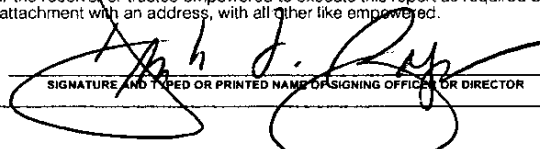


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90044 018 \*\*\*150.00

<b>DOCUMENT # F93000001874</b> 1. Entity Name <b>NATIONAL ROOFING OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>P.O. BOX 4871 BALTIMORE, MD 21211</b>			Mailing Address <b>P.O. BOX 4871 BALTIMORE, MD 21211</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CRISPINO, CARLO L 642 DEERHURST DR MELBOURNE, FL 32940</b>				7. Name and Address of New Registered Agent Name <b>Louis T. Crispino</b> Street Address (P.O. Box Number is Not Acceptable) <b>451 Ranch Road</b> City <b>Westin</b> <b>FL</b> <b>33326</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <b>CRISPINO, CARLO L</b> <b>642 DEERHURST DR</b> <b>MELBOURNE, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Louis T. Crispino</b> <b>451 Ranch Road</b> <b>Westin, FL 33326</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV <b>CRISPINO, LOUIS T</b> <b>451 RANCH ROAD</b> <b>FORT LAUDERDALE, FL 33326</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Westin, FL 33326</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>CRISPINO, ROSE M</b> <b>642 DEERHURST DR</b> <b>MELBOURNE, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>ZAPORA, DEBORAH L</b> <b>1726 KILLINGTON ROAD</b> <b>TOWSON, MD 21204</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1108 West Wicke Lane</b> <b>Lutherville, MD 21093</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>1/24/06 410 235 5827</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40007001



01092006 Chg-P CR2E034 (11/05)

4. FEI Number **52-0812654** Applied For ☐ Not Applicable ☒

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