


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # H05548 1. Entity Name JESSUP & ESKEW ROOFING COMPANY, INC.		
Principal Place of Business C/O SHIRLEY JESSUP 770 NE 32ND STREET OAKLAND PARK, FL 33334	Mailing Address P O BOX 23385 770 NE 32ND STREET FT LAUDERDALE, FL 33307 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ESKEW, RICHARD 657 N.W. 30 CT. WILTON MANORS, FL 33311		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. FEI Number 59-2414098
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE	V	
NAME	JESSUP, SHIRLEY	
STREET ADDRESS	STAR RTE 2 BOX 464A	
CITY-ST-ZIP	CRESENT CITY, FL 32112	
TITLE	DP	
NAME	ESKEW, RICHARD	
STREET ADDRESS	657 N.W. 30 CT.	
CITY-ST-ZIP	WILTON MANORS, FL	
TITLE	TS	
NAME	ESKEW, CAROL	
STREET ADDRESS	657 N.W. 30 CT.	
CITY-ST-ZIP	WILTON MANORS, FL	
TITLE	VP	
NAME	ESKEW, CHRISTOPHER	
STREET ADDRESS	657 N.W. 30 CT	
CITY-ST-ZIP	WILTON MANORS, FL 33311	
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: <u>Carol EsKew Carol EsKew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/25/06</u> Daytime Phone # <u>954-563-8689</u>



04262005 No Chg-P CR2E034 (11/05)

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