

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J48648

Entity Name: RESIDENTIAL ROOFING, INC.

FILED
Oct 02, 2006
Secretary of State

Current Principal Place of Business:

5101 LAKE LECLARE RD
LUTZ, FL 33558 US

New Principal Place of Business:

15619 CASHMERE LANE
TAMPA, FL 33624 US

Current Mailing Address:

5101 LAKE LECLARE RD
LUTZ, FL 33558 US

New Mailing Address:

15619 CASHMERE LANE
TAMPA, FL 33624 US

FEI Number: 59-2875944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAIR, JAMES A.
5101 LAKE LE CLARE RD
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

LAIR, JAMES A.
15619 CASHMERE LANE
TAMPA, FL 33624 US

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.

SIGNATURE: JAMES A. LAIR

10/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: LAIR, JAMES A.,
Address: 5101 LAKE LE CLARE RD
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: LAIR, JAMES A.,
Address: 5101 LAKE LE CLARE RD
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAIR, JAMES A.,
Address: 15619 CASHMERE LANE
City-St-Zip: TAMPA, FL 33624

Title: V (X) Change () Addition
Name: MIKE BYRNE,
Address: 2525 CUDJOE LANE
City-St-Zip: LAND O' LAKES, FL 34639

Title: S () Change (X) Addition
Name: MIKE ALBERSON,
Address: 5101 LAKE LE CLARE RD.
City-St-Zip: LUTZ, FL 33558

Title: T () Change (X) Addition
Name: STEVE PEAVY,
Address: 5101 LAKE LE CLARE RD.
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. LAIR

P

10/02/2006

Electronic Signature of Signing Officer or Director

Date