


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # J92563		
1. Entity Name EARL W. JOHNSTON ROOFING, INC.		

Principal Place of Business 5721 DEWEY ST HOLLYWOOD, FL 33023 US	Mailing Address 5721 DEWEY ST HOLLYWOOD, FL 33023 US
--	--

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0005528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSTON, EARL W 5721 DEWEY ST HOLLYWOOD, FL 33023
--

**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 *Earl W. Johnston* DATE 3-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**000000470288
03/28/06-80007-011 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JOHNSTON, EARL W. 1310 S.W. 68 BLVD. PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSTON, LYNNE 1310 S.W. 68 BLVD. PEMBROKE PINES, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: *Lynne Johnston* 3-13-06 954-989-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #