
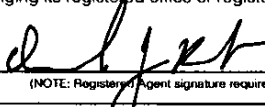


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90037 030 \*\*\*150.00

<b>DOCUMENT # K79766</b>			
1. Entity Name <b>WHITTLE ROOFING COMPANY, INC.</b>			
Principal Place of Business <b>WHITTLE ROOFING COMPANY, INC. P.O. BOX 571 NEWBERRY, FL 32669</b>		Mailing Address <b>WHITTLE ROOFING COMPANY, INC. P.O. BOX 571 NEWBERRY, FL 32669</b>	
2. Principal Place of Business <b>P.O. Box 571</b>		3. Mailing Address <b>P.O. Box 571</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Newberry, FL</b>		City & State <b>Newberry, FL</b>	
Zip <b>32669</b>	Country <b>USA</b>	Zip <b>32669</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>PABST, DAVID J BOX 1438 HIGHWAY 26 NEWBERRY, FL 32669</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>David J Pabst</b>  DATE <b>8-10-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITTLE, TERESA BOX 571 - HIGHWAY 26 NEWBERRY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David J Pabst P.O. Box 1438 Newberry, FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PABST, DAVID J. BOX 1438 HIGHWAY 26 NEWBERRY, FL <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
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
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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.

SIGNATURE:  **David J Pabst** **8-10-06** **352-222-6367**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50025218



08092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**29-3042119** Applied For  
☐ Not Applicable

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

ATTACHMENT

50225218  
K79766

8-10-04

Division of Corp.

Here is the ammended report  
for 2006, currently we  
are undergoing a change  
with the corporation since  
the passing of O.D. Whittle.

In the process the  
original annual report was  
not made.

If Any further questions  
please Call.

Thank You

  
David J Pabst

222-6367

President Whittles R&B