

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90177 024 ***150.00

DOCUMENT # L34282

1. Entity Name

R & R ROOFING OF BREVARD, INC.



Principal Place of Business

% RUSSELL B. REESE
1493 VIRGINIA DR
MELBOURNE FL 32935

Mailing Address

% RUSSELL B. REESE
1493 VIRGINIA DR
MELBOURNE FL 32935



2. Principal Place of Business

996 Creel St
Suite, Apt. #, etc.

3. Mailing Address

Suite
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Mel B FL

City & State

Suite FL

4. FEI Number

59-2999658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REESE, RUSSELL B.
1493 VIRGINIA DR
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REESE, RUSSELL B.
STREET ADDRESS 1493 VIRGINIA DR
CITY-ST-ZIP MELBOURNE FL

TITLE ST ☐ Delete
NAME CALDWELL, RONNIE
STREET ADDRESS 996 CREEL STREET
CITY-ST-ZIP MELBOURNE FL 32935

TITLE VP ☐ Delete
NAME MASSINO, CHRIS
STREET ADDRESS 531 PARKER ROAD
CITY-ST-ZIP MELBOURNE FL 32904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russell B. Reese Russell B Reese 4-14-06 321.588.8159