2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 08:00 AN **DOCUMENT # L45824 Secretary of State** PDF ROOFING CONCEPTS, INC. Principal Place of Business Mailing Address 6208-A 17TH STREET EAST 6208-A 17TH STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 No Chg-P CR2E034 (11/05) 01062006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0168334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FURR, PAUL D DO NOT WRITE 6208-A 17TH STREET EAST BRADENTON, FL 34203 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRES TILE FURR, PAUL D NAME 6208-A 17TH STREET EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP TILE U00000405512 02/07/06-80040-016 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 fustee 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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24100

Daytime Phone #

FILED