

2 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M75025
1. Entity Name
CHUCK SHOEMAKER ROOFING, INC.



Principal Place of Business Mailing Address
14249 OTTER RUN ROAD **14249 OTTER RUN ROAD**
TALLAHASSEE F 32312 **TALLAHASSEE F 32312**
US **US**



2. Principal Place of Business 3. Mailing Address
14249 Otter Run Rd **14249 Otter Run Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tall FL **Tall FL**

Zip Country Zip Country
32312 Leon **32312 Leon**

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2881291** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FITZGERALD, BRIAN E.
903 1/2 N MONROE ST
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name **None**
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 in 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 **\$5.00** May E.
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, BRIAN E. 119 N. MONROE ST. TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 100000486531 04/13/06-80041-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SHOEMAKER, CHARLES B. 14249 OTTER RUN RD TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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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: **Charles Shoemaker** **2-28-06 893-3219**