


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90278 041 \*\*\*150.00

<b>DOCUMENT # M89309</b>	
1. Entity Name <b>D.T. DRIGGERS ROOFING, INC.</b>	

Principal Place of Business <b>211 BANBURY CT LONGWOOD, FL 32779 US</b>	Mailing Address <b>211 BANBURY CT LONGWOOD, FL 32779 US</b>
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2. Principal Place of Business <b>491 Stehle RD.</b>	3. Mailing Address <b>491 Stehle RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Leesburg FL</b>	City & State <b>Leesburg FL</b>
Zip <b>34748</b>	Zip <b>34748</b>
Country <b>USA</b>	Country <b>USA</b>



04062006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2909625</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>DRIGGERS, DARRELL 211 BANBURY COURT LONGWOOD, FL 32779</b>		7. Name and Address of New Registered Agent Name <b>Driggers, Darrell</b> Street Address (P.O. Box Number is Not Acceptable) <b>491 Stehle RD</b> City <b>Leesburg</b> FL Zip Code <b>34748</b>


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  **DARRELL DRIGGERS P/T** 4/6/06  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/T DRIGGERS, DARRELL 211 BANBURY COURT LONGWOOD, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/T DRIGGERS, DARRELL 491 STEHLE RD. Leesburg FL 34748</b> <input checked="" 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:  **DARRELL DRIGGERS** 4/6/06 407 340 2310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #