## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # P00000019347 Jan 17, 2006 08:00 AM HAMILTON ROOFING, INC. **Secretary of State** Principal Place of Business Mailing Address 4000 OLD DIXIE HWY P.O. BOX 500590 MALABAR, FL 32950 MALABAR, FL 32950 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 38-2340666 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILTON, ANTHONY DO NOT WRITE 4000 OLD DIXIE HWY MALABAR, FL 32950 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 acceptable 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HAMILTON, ANTHONY C STREET ADDRESS 4000 OLD DIXIE HWY MALABAR, FL 32950 CSTY-ST-ZIP TITLE 14月1月11日3日5日2 MAKE 01/19/06-80004-016 150.00 STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADORESS CITY-ST-ZIP

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 directly of the corporation or the receiver or trustee emprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like emprowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR