

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90392 025 ***150.00

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1. Entity Name
CHARLES LEEG ROOFING, INC.



Principal Place of Business
**5480 S. THRASHER AVE.
HOMOSASSA, FL 34446**

Mailing Address
**5480 S. THRASHER AVE.
HOMOSASSA, FL 34446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3633551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, CHARLES
5480 S. THRASHER AVE.
HOMOSASSA, FL 34446**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPTS ☐ Delete
NAME LEE, CHARLES
STREET ADDRESS 5480 S. THRASHER AVE.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE V ☒ Delete
NAME JOHNSON, JIMMY
STREET ADDRESS 5480 S. THRASHER AVE.
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE V ☒ Delete
NAME WHITMARSH, MICHEAL
STREET ADDRESS 5480 S. THRASHER AVE.
CITY-ST-ZIP HOMOSASSA, FL 34446

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 S ☐ Change ☒ Addition
NAME Teresa Leeg
STREET ADDRESS 5480 S. Thrasher Avenue
CITY-ST-ZIP HOMOSASSA, FL 34446

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

4-13-06