

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90015 047 ***150.00

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07072006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000076974					
1. Entity Name* M.D. ROOFING, INC.					
Principal Place of Business 747 SE 45TH TERRACE OCALA, FL 34471			Mailing Address 747 SE 45TH TERRACE OCALA, FL 34471		
2. Principal Place of Business 1927 SE 73 LP Suite, Apt. #, etc.		3. Mailing Address 1927 SE 73 LOOP Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 65-1032411	
Zip 34480		Country Marion		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN, DEBORAH R 747 SE 45 TER OCALA, FL 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1921 SE 73 LOOP City Ocala FL Zip Code 34480		
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: <u>Deborah R Allen</u> DATE: <u>8/27/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, DEBORAH R 747 SE 45TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1921 SE 73 LOOP Ocala FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, H. MITCH 747 SE 45TH TERRACE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1921 SE 73 LOOP Ocala FL 34480	<input checked="" 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: <u>Deborah R Allen</u>			DATE: <u>8/27/06</u> DAYTIME PHONE: <u>352-294-2703</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Deborah R. Allen</u>					