2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90362 012 ***150.00

DOCUMENT # P01000012768

1. Entity Name
J. LYNN ROOFING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1475 BANKS ROAD MARGATE, FL 33063	1475 BANKS ROAD MARGATE, FL 33063

03282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2000 Banks Road	2000 Banks Road
Suite, Apt. #, etc.: Suite Fl	Suite, Apt. #, etc.: Suite Fl
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 65-1072186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JANNAH, LYNN 1475 BANKS ROAD MARGATE, FL 33063	Name: Jannan, Lynn Street Address (P.O. Box Number is Not Acceptable): 2000 Banks Road Suite Fl City: Margate FL Zip Code: 33063

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: Diana Parr (V.P.) Diana Parr DATE: 3/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JANNAN, LYNN 1475 BANKS ROAD MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2000 Banks Road, Suite Fl Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARR, DIANA 1475 BANKS RD MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2000 Banks Road, Suite Fl Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Diana Parr (V.P.) Diana Parr 3/29/06 954-969-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #