

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-17-2006 90340 039 \*\*\*150.00

**DOCUMENT # P01000091283**

1. Entity Name

**ALL AMERICAN ROOFING OF THE TREASURE COAST, INC.**



Principal Place of Business

**3006 SE WAALER ST  
STUART FL 34997**

Mailing Address

**~~3501 SW CORPORATE PARKWAY~~  
~~PALM WAY FL 34990~~**



2. Principal Place of Business

3. Mailing Address

**3006 SE WAALER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**STUART, FL**

Zip

Country

Zip

Country

**34997**

**USA**

4. FEI Number

**65-1140176**

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

**MCINTYRE, WILLIAM C  
3501 SW CORPORATE PKWY  
PALM CITY FL 34990**

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

*Christopher A. Higgins*

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reappointing)

**01/26/06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **VASQUEZ, JESUS JR**  
CITY-ST-ZIP **989 SW HUNT CLUB CIRCLE  
PALM WAY FL 34990**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HIGGINS, CHRISTOPHER A**  
CITY-ST-ZIP **5636 SE MATOUSEK ST  
STUART FL 34997**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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 Section 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:

*Christopher A. Higgins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/26/06** **(772) 463-8055**

Date

Daytime Phone #