

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90027 030 ***150.00

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1. Entity Name
STANFORD ROOFING, INC.



Principal Place of Business
755 US 17 SO.
SAN MATEO, FL 32187

Mailing Address
755 US 17 SO.
SAN MATEO, FL 32187

50007195

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
9493 US 1 South
Suite, Apt. #, etc.
City & State
St. Augustine
Zip
32086
Country
St. Johns



03272006 Chg-P CR2E034 (11/05)

4. FEI Number
01-0670632

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

6. Name and Address of Current Registered Agent
STANFORD, RALPH
755 HWY 17 SOUTH
SAN MATEO, FL 32187

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)

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	DP STANFORD, RALPH 108 RIVERSIDE WAY 9493 US 1 South SAN MATEO, FL 32187 St. Augustine 76 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hagners, Steve 4533 5th Ave St. Augustine 77 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STANFORD, SHAWN 108 RIVERSIDE WAY 9493 US 1 So. SAN MATEO, FL 32187 St. Augustine 77 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STANFORD, SETH 108 RIVERSIDE WAY 9493 US 1 South SAN MATEO, FL 32187 St. Augustine 77 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITER, GLENN 10245 ZIGLER AVE. HASTING, FL 32145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Ralph Stanford* **3-27-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #