

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90421 031 ***150.00

DOCUMENT # P02000041704

1. Entity Name

A ROOFING SPECIALIST, INC.



Principal Place of Business

~~T0950 NW 55TH ST~~
~~SUNRISE FL 33351~~

Mailing Address

~~8710 NW 18 CT.~~
~~CORAL SPRINGS FL 33071~~



2. Principal Place of Business

4721 SW 51ST STREET
Suite, Apt. #, etc.
Bay 22

3. Mailing Address

4721 SW 51ST STREET
Suite, Apt. #, etc.
Bay 22

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

1st MOORE

CR2E034 (10/05)

4. FEI Number

01-0698811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASS, JEFFREY
3101 SW 187TH TERRACE
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name JAMES MARIOTT c/o A ROOFING SPECIALIST INC
Street Address (P.O. Box Number is Not Acceptable)
4721 SW 51ST STREET Bay 22
City DAVIE FL Zip Code 33314

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.

James Mariott PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

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

TITLE ☐ Delete
NAME BASS, JEFFREY
STREET ADDRESS 18331 PINES BLVD., SUITE 193
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME MARIOTT, JAMES
STREET ADDRESS 8710 NW 18 CT.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

James Mariott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 791-5041