

**-2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000057067

1. Entity Name  
AVAILABLE ROOFING INC.



Principal Place of Business  
17535 WING AVE.  
PORT CHARLOTTE, FL 33948 US

Mailing Address  
17535 WING AVE.  
PORT CHARLOTTE, FL 33948 US

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4531834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

TURCOTTE, JOSEPH B  
17535 WING AVE  
PORT CHARLOTTE, FL 33948

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURCOTTE, JOSEPH B 17535 WING AVE. PORT CHARLOTTE, FL 33948
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05/15/06-80044-012 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Joseph B Turcotte*

Joseph B Turcotte

4-26-06 941 764-7663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #