

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00-AM
Secretary of State

DOCUMENT # P03000070875

1. Entity Name
WILLIAM DOE & SONS ROOFING, INC.



Principal Place of Business
3201 NW 5TH STREET
FT. LAUDERADLE, FL 33311

Mailing Address
3201 NW 5TH STREET
FT. LAUDERADLE, FL 33311



04232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2676075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOE, ROBERT
3201 NW 5TH STREET
FT. LAUDERADLE, FL 33311

**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

X Robert E Doe

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

(NOTE: Registered Agent signature required when reinstating)

4-23-06

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	PTD DOE, ROBERT 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DOE, CARY 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOE, WILLIE 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, GARY R 3201 NW 5TH STREET FT. LAUDERADLE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000545852
05/11/06-80094-009 150.00

**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:

X Robert E Doe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-06

Date

Daytime Phone #