
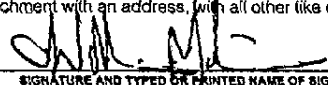


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # P03000101890</b>   |   |                                    |
| 1. Entity Name<br><b>WILLIAM MELVIN ROOFING, INC.</b>  |   |   |
| Principal Place of Business<br><b>5213 CORTEZ DR.<br/>ORLANDO, FL 32808</b>  |   | Mailing Address<br><b>5213 CORTEZ DR.<br/>ORLANDO, FL 32808</b>   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MELVIN, WILLIAM<br/>5213 CORTEZ DR.<br/>ORLANDO, FL 32808</b>  |   | 02012006 No Chg-P CRZE034 (11/05)   |
|  |   | 4. FEI Number<br><b>30-0207086</b>  |
|  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |
|  |   | Applied For<br>Not Applicable   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MELVIN, WILLIAM<br>5213 CORTEZ DR.<br>ORLANDO, FL 32808 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>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:  OFFICER Feb 1, 2006   |   | 407-298-3517  |