2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED. DOCUMENT # P03000116911 Mar 22, 2006 08:00 AN t. Entity Name **Secretary of State** T.K. ROOFING, INC. Mailing Address Principal Place of Business P.O. BOX 2029 2304 ROSE HILL COURT MANGO FL 33550 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FLI Number City & State 20-0321469 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNARSKI, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 2304 ROSE HILL COURT BRANDON FL 33510 Zio Code City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THE ☐ Change Addition Addition Delete TITLE U00000477084 NAME MARKE KNARSKI, THOMAS J 04/06/06-80037-023 150.00 STREET ADDRESS 2304 ROSE HILL COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE Detete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition Defete TIRE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CUTY - 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered.

if changed, or on an attachment

3 20 06 813-661-774