

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90325 016 ***150.00

DOCUMENT # P03000128677 1. Entity Name ROOFEX SERVICES OF SOUTHEAST FLA INC.																																																																																																																																			
Principal Place of Business 1152 N UNIVERSITY DR STE 202 PEMBROKE PINES, FL 33024			Mailing Address 1152 N UNIVERSITY DR STE 202 PEMBROKE PINES, FL 33024																																																																																																																																
2. Principal Place of Business 570 S. Central Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 570 S. Central Ave <small>Suite, Apt. #, etc.</small>																																																																																																																																	
City & State Apopka, FL <small>Zip</small> 32703-3206 <small>Country</small> Orange		City & State Apopka FL <small>Zip</small> 32703-3206 <small>Country</small> Orange		4. FEI Number 74-3112796																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent CHEDIAK, MIRTA 1152 N UNIVERSITY DR STE 202 PEMBROKE PINES, FL 33024																																																																																																																																			
7. Name and Address of New Registered Agent Name Shawn R. Proffitt Street Address (P.O. Box Number is Not Accepted) 570 S. Central Ave City Apopka FL <small>Zip Code</small> 32703-3206																																																																																																																																			
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 <u><i>Shawn R. Proffitt</i></u> DATE Apr 25. 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D <input type="checkbox"/> Delete</td> <td style="width: 20%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>PROFFITT, SHAWN R</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1152 N UNIVERSITY DR STE 202</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PEMBROKE PINES, FL 33024</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td>MILLER, JOHN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11005 WHITEHAWK ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PLANTATION, FL 33324</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	PROFFITT, SHAWN R		NAME			STREET ADDRESS	1152 N UNIVERSITY DR STE 202		STREET ADDRESS			CITY- ST- ZIP	PEMBROKE PINES, FL 33024		CITY- ST- ZIP			TITLE	D <input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	MILLER, JOHN		NAME			STREET ADDRESS	11005 WHITEHAWK ST		STREET ADDRESS			CITY- ST- ZIP	PLANTATION, FL 33324		CITY- ST- ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
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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.																																																																																																																																			
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