


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000130281</b> 1. Entity Name <b>PLEMMONS ROOFING, INC.</b>		
Principal Place of Business <b>1507 LONGHORN MIDDLEBURG, FL 32068</b>	Mailing Address <b>P.O. BOX 37475 JACKSONVILLE, FL 32236</b>	
DO NOT WRITE IN THIS SPACE		
<b>6. Name and Address of Current Registered Agent</b>  <b>PLEMMONS, HAROLD M 1507 LONGHORN ROAD MIDDLEBURG, FL 32068</b>		<div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
<b>8.</b> 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)) <span style="float: right;">DATE _____</span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000476467 04/06/06-80011-013 158.75
<b>10. OFFICERS AND DIRECTORS</b>		DO NOT WRITE IN THIS SPACE
TITLE	DPS	
NAME	PLEMMONS, HAROLD M	
STREET ADDRESS	1507 LONGHORN RD.	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	DT	
NAME	PLEMMONS, INGER R	
STREET ADDRESS	1507 LONGHORN ROAD	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	VP	DO NOT WRITE IN THIS SPACE
NAME	CASON, RICKEY J	
STREET ADDRESS	5526 HARRIET AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<b>12.</b> 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 507, 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.		
<b>SIGNATURE:</b> <i>Harold M. Plemmons</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-21-06</b> <b>(904)591-0473</b> <small>Date Daytime Phone #</small>