


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000141958</b>	
1. Entity Name <b>THRIFT ROOFING &amp; SON, INC.</b>	

Principal Place of Business <b>9521 SR 33 POLK CITY, FL 33868</b>	Mailing Address <b>9521 SR 33 POLK CITY, FL 33868</b>
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**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-F CR2E034 (11/05)

4. FEI Number <b>05-0590882</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**THRIFT, CHARLES D SR.  
9521 SR 33  
POLK CITY, FL 33868**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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>	<b>1110100489258 04/18/06-80009-005 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS THRIFT, CHARLES D SR 9521 SR 33 POLK CITY, FL 33868</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT THRIFT, CHARLES D JR 9521 SR 33 POLK CITY, FL 33868</b>
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**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: Charles D. Thrift Sr. **Charles D. Thrift Sr.** 3-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(863) 984-0436