


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000143204		
1. Entity Name FLOYD GIER ROOFING, INC.		
Principal Place of Business 708 LAKE AGNES DRIVE POLK CITY, FL 33868	Mailing Address 708 LAKE AGNES DRIVE POLK CITY, FL 33868	



07042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2121503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GIER, FLOYD A 708 LAKE AGNES DRIVE POLK CITY, FL 33868
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**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST GIER, FLOYD A 708 LAKE AGNES DRIVE POLK CITY, FL 33868
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09/05/06-80010-001 550.00

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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:

Floyd A Gier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-06

Date

863-698-6020

Daytime Phone #