


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000150358	
1. Entity Name L&J ROOFING INC.	

Principal Place of Business 4705 WESTON RD BARTOW, FL 33830 US	Mailing Address 4705 WESTON RD BARTOW, FL 33830 US
--	--



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0476187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIVEROS, LUCIO 4705 WESTON RD BARTOW, FL 33830

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P VIVEROS, LUCIO 4705 WESTON RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, JESUS 4705 WESTON RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSEY, SHERRI 4705 WESTON RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSEY, SHERRI 4705 WESTON RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000539530
05/09/06-80104-007 158.75

**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: Lucio Viveros Lucio Viveros 4-24-06 863-534-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #