

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 049 ***150.00

DOCUMENT # P04000002247

1. Entity Name

R. B. SEYMOUR ROOFING, INC.



Principal Place of Business

~~7225 CRANE AVENUE SUITE 49~~
~~JACKSONVILLE FL 32216~~

Mailing Address

~~7225 CRANE AVENUE SUITE 49~~
~~JACKSONVILLE FL 32216~~



2. Principal Place of Business

5461 Ft. Caroline Rd
Suite, Apt. #, etc.

3. Mailing Address

5461 Ft. Caroline Rd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jax, FL

City & State

Jax, FL

4. FEI Number

23-3324467

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEYMOUR, BAIRD
~~7225 CRANE AVENUE SUITE 49~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5461 Ft. Caroline Rd

City

Jax

FL

Zip Code

32277

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

2/3/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SEYMOUR, BAIRD
STREET ADDRESS ~~7225 CRANE AVENUE, SUITE 49~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32216~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5461 Ft. Caroline Rd
CITY-ST-ZIP Jax, FL 32277

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

2/3/06 904
993-0445