

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000029097

1. Entity Name  
SOFFIT SYSTEMS, INC.



Principal Place of Business

1684 GOLDENROD RD.  
#108  
ORLANDO, FL 32820

Mailing Address

1821 HAMMOCK MOSS DR.  
ORLANDO, FL 32820

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0773018

Applied For  
Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ST PETER, DAVID  
1821 HAMMOCK MOSS DR  
ORLANDO, FL 32820

**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

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

(NOTE: Registered Agent signature required when reinstating)

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

U000000395184  
01/26/06-80035-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ST PETER, DAVID  
STREET ADDRESS 1820 HAMMOCK MOSS DR  
CITY-ST-ZIP ORLANDO, FL 32820

TITLE D  
NAME BROOKS JR., CHARLES C  
STREET ADDRESS 17115 ARBOR WOODS CT  
CITY-ST-ZIP ORLANDO, FL 32820

TITLE D  
NAME COBURN, DAVID  
STREET ADDRESS 1832 CORNERVIEW LN  
CITY-ST-ZIP ORLANDO, FL 32820

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #