

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 010 \*\*\*558.75

DOCUMENT # P04000033829

1. Entity Name

NORTHWAY'S ROOFING, INC.



Principal Place of Business

5525 CAMPO DRIVE --  
KEYSTONE HEIGHTS FL 32656

Mailing Address

5525 CAMPO DRIVE  
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5525 CAMPO DR

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

Keystone Hgts, FL

4. FEI Number

20-0732118

Applied For

Not Applicable

Zip

Country

Zip

32656

Country

FLA

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTHWAY, BRYAN D  
5525 CAMPO DRIVE  
KEYSTONE HEIGHTS FL 32656

Name

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

City

FL

Zip Code

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 \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607, 193(2)(b) F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME NORTHWAY, BRYAN D  
STREET ADDRESS 5525 CAMPO DRIVE  
CITY - ST - ZIP KEYSTONE HEIGHTS FL 32656

TITLE PRES ☐ Delete  
NAME NORTHWAY, SANDRA J  
STREET ADDRESS 5525 CAMPO DRIVE  
CITY - ST - ZIP KEYSTONE HEIGHTS FL 32656

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

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STREET ADDRESS  
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 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: SANDRA NORTHWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/06

Date

386-661-2131

Daytime Phone #