

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000125991

1. Entity Name
JTI ROOFING, INC.



Principal Place of Business
**406 HERMITAGE DR
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**406 HERMITAGE DR
ALTAMONTE SPRINGS, FL 32701**

06 FEB 27 AM 11:54

SEC. OF STATE
TALLAHASSEE, FLORIDA



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0765808

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TUKKER, JAN
406 HERMITAGE DR
ALTAMONTE SPRINGS, FL 32701**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TUKKER, JAN 406 HERMITAGE DR ALTAMONTE SPRINGS, FL 32701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400068112084
03/20/06--01027--029 **8.75

400068112084
03/20/06--01027--028 **150.00

**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

(JAN TUKKER)

02/14/2006 407-767-5787

Date

Daytime Phone #