
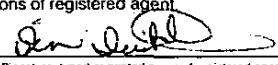



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90052 018 ***158.75

DOCUMENT # P04000137489			
1. Entity Name TURBEVILLE ROOFING INC.			
Principal Place of Business 2149 EMERALD RIDGE DRIVE LAKELAND, FL 33813 US		Mailing Address 2149 EMERALD RIDGE DRIVE LAKELAND, FL 33813 US	
2. Principal Place of Business 2149 Emerald Ridge Dr.		3. Mailing Address 2149 Emerald Ridge Dr.	
Suite, Apt. #, etc. Lakeland		Suite, Apt. #, etc. Same	
City & State Florida		City & State Lakeland Fla	
Zip 33813	Country FL	Zip 33813	Country FL
6. Name and Address of Current Registered Agent TURBEVILLE, TIM 2149 EMERALD RIDGE DRIVE LAKELAND, FL 33813		7. Name and Address of New Registered Agent 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:  DATE: 4/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURBEVILLE, TIM 2149 EMERALD RIDGE DRIVE LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Tim Turbeville		Date: 4/1/05 (863) 648-7416	



03312005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1702132** Applied For
Not Applicable

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