

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90001 006 ***150.00

DOCUMENT # P04000137585

1. Entity Name
TRIANGLE ROOFING, INC.



Principal Place of Business
1575 AVIATION CENTER PARKWAY
#508
DAYTONA BEACH, FL 32114 US

Mailing Address
1575 AVIATION CENTER PARKWAY
#508
DAYTONA BEACH, FL 32114 US

2. Principal Place of Business
200 Palmetto Pines Rd.
Suite, Apt. #, etc.

3. Mailing Address
200 Palmetto Pines Rd.
Suite, Apt. #, etc.



06082006 Chg-P CR2E034 (11/05)

City & State
Ormond Bch., FL
Zip 32174 Country US

City & State
Ormond Beach, FL
Zip 32174 Country US

4. FEI Number
20-2158780
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAGGERSON, LAUREN K
1575 AVIATION CENTER PARKWAY
#508
DAYTONA BEACH, FL 32114

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DELIA, JOSPEH M SR.
STREET ADDRESS 1575 AVIATION CENTER PARKWAY, #508
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE VP ☐ Delete
NAME DELIA, JOSEPH M JR.
STREET ADDRESS 1575 AVIATION CENTER PARKWAY, #508
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE SEC ☐ Delete
NAME DELIA, DEBRA S
STREET ADDRESS 1575 AVIATION CENTER PARKWAY, #508
CITY-ST-ZIP DAYTONA BEACH, FL 32114

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 200 Palmetto Pines Rd.
CITY-ST-ZIP Ormond Bch., FL 32174

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 200 Palmetto Pines Rd.
CITY-ST-ZIP Ormond Bch., FL 32174

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NAME
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NAME
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debra S. Delia Debra S. Delia, 6/30/06