

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90035 036 \*\*\*150.00

DOCUMENT # P04000138209

1. Entity Name  
JERRY ROOFING SERVICE INC.



Principal Place of Business  
ELIER GONZALEZ  
217 SW 38TH STREET  
CAPE CORAL, FL 33914

Mailing Address  
ELIER GONZALEZ  
217 SW 38TH STREET  
CAPE CORAL, FL 33914

50009865



2. Principal Place of Business  
108 NE 20TH Ave.

3. Mailing Address  
108 NE 20TH Ave.

City & State  
Cape Coral FL.

City & State  
Cape Coral FL.

03312006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-1709974

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GONZALEZ, ELIER  
217 SW 38TH STREET  
CAPE CORAL, FL 33914

## 7. Name and Address of New Registered Agent

Name GONZALEZ, ELIER.  
Street Address (P.O. Box Number is Not Acceptable)  
108 NE 20TH Ave.  
City Cape Coral FL Zip Code 33909.

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

03/31/06.

**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 P  
NAME GONZALEZ, ELIER  
STREET ADDRESS 217 SW 38TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GONZALEZ, ELIER.  
NAME  
STREET ADDRESS 108 NE 20TH Ave.  
CITY-ST-ZIP Cape Coral FL 33909.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/06 (239) 707-5472.

Date

Daytime Phone #