

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90085 045 \*\*\*150.00

**DOCUMENT # P04000146000**

1. Entity Name

**SHELDON ROOFING INC.**



Principal Place of Business

P O BOX 1067  
MONTICELLO FL 32344

Mailing Address

P O BOX 1067  
MONTICELLO FL 32344



2. Principal Place of Business

1818 Nicklaus Dr.  
Suite, Apt. #, etc.

3. Mailing Address

1818 Nicklaus Dr.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Tallahassee FL  
Zip 32301 Country Leon

City & State

Tallahassee FL  
Zip 32301 Country Leon

4. FEI Number

20-1784093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHELDON, TONY M  
255 NORTH WATER ST.  
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name Sheldon, Tony M  
Street Address (P.O. Box Number is Not Acceptable)  
1818 Nicklaus Dr.

City Tallahassee

FL

Zip Code 32301

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

Tony M. Sheldon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHELDON, TONY M OWNER  
STREET ADDRESS 255 NORTH WATER ST.  
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Sheldon, Tony M Owner  
STREET ADDRESS 1818 Nicklaus Dr  
CITY-ST-ZIP Tallahassee FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 Section 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:

Tony M. Sheldon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

Date

(850) 322-8900

Daytime Phone #