

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157840

FILED
Apr 30, 2006
Secretary of State

Entity Name: OVER THE TOP ROOFING CO., INC.

Current Principal Place of Business:

833 101ST AVENUE N.
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

833 101ST AVENUE N.
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 20-1904452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: THOMPSON, ANTHONY
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

Title: SECR () Delete
Name: WHISMAN, GREG
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

Title: TREA () Delete
Name: THOMPSON, CLINTON
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

Title: DIR () Delete
Name: STARKEY, YOLANDA
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

Title: DIR () Delete
Name: THOMPSON, VANESSA
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

Title: VP () Delete
Name: STARKEY, WALTER
Address: 833 101ST AVENUE N.
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY THOMPSON

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date