
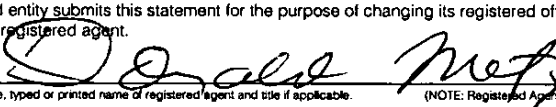



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 025 ***550.00

| | | | | | |
|--|--|---------|--|---|--|
| DOCUMENT # P04000158338 1. Entity Name ALLEN BELT ROOFING, INC. | | | |  | |
| Principal Place of Business 9076 EAGLES RIDGE DR TALLAHASSEE, FL 32312 | | | Mailing Address 9076 EAGLES RIDGE DR TALLAHASSEE, FL 32312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 56-2489405 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FISHER, BARTLEY G 9076 EAGLES RIDGE DR TALLAHASSEE, FL 32312 | | | | 7. Name and Address of New Registered Agent Name Donald Metz Street Address (P.O. Box Number is Not Acceptable) 9076 Eagles Ridge Drive City Tallahassee | |
| 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. | | | | FL Zip Code 32312 | |
| SIGNATURE  | | | | DATE 6/9/2006 | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | | | 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 P NAME METZ, DON STREET ADDRESS 9076 EAGLES RIDGE DR CITY-ST-ZIP TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete | | TITLE V/S NAME Allen Belt STREET ADDRESS 6864 Gilda Court CITY-ST-ZIP Keystone Heights, Florida 32656 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST NAME FISHER, BARTLEY G STREET ADDRESS 9076 EAGLES RIDGE DR CITY-ST-ZIP TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME HAUGEN, TODD STREET ADDRESS 786 STONEWALL CT CITY-ST-ZIP SCHAUMBURG, IL 60173 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP NAME BELT, ALLEN STREET ADDRESS 6864 GILDA CT CITY-ST-ZIP KEYSTONE HTS, FL 32656 | <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 | |
| 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 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:  | | | DATE: 6/9/2006 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DAYTIME PHONE # (904) 226-3685 | | |