

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022506

FILED
Apr 20, 2006
Secretary of State

Entity Name: FOX ROOFING OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3894 MANIX DRIVE UNIT 218
NAPLES, FL 34104

New Principal Place of Business:

3893 MANIX DRIVE UNIT 522
NAPLES, FL 34114

Current Mailing Address:

3894 MANIX DRIVE UNIT 218
NAPLES, FL 34104

New Mailing Address:

3893 MANIX DRIVE UNIT 522
NAPLES, FL 34114

FEI Number: 16-1713934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, NICOLE
3894 MANIX DRIVE UNIT 218
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

FOX, NICOLE
3893 MANIX DRIVE UNIT 522
NAPLES, FL 34114 US

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:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHEPPARD, DAVE
Address: 3894 MANIX DRIVE UNIT 218
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FOX, NICOLE
Address: 3894 MANIX DRIVE UNIT 218
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FOX, KENNETH
Address: 3894 MANIX DRIVE UNIT 218
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: PETERS, DONALD
Address: 3894 MANIX DRIVE UNIT 218
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEPPARD, DAVE
Address: 3893 MANIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: FOX, NICOLE
Address: 3893 MANIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: FOX, KENNETH
Address: 3893 MANIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: PETERS, DONALD
Address: 3893 MANIX DRIVE UNIT 522
City-St-Zip: NAPLES, FL 34114

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: DAVE SHEPPARD

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date