

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-27-2006 90036 031 \*\*\*158.75

<b>DOCUMENT # P05000039672</b> 1. Entity Name <b>FRANCISCUS ROOFING OF FLORIDA INC.</b>					
Principal Place of Business <b>2765 TAMiami TRAIL B1 PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>2765 TAMiami TRAIL B1 PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business <b>1050 Innovation Ave Suite, Apt. #, etc. Unit B-109 North Port FL Zip 34289 Country USA</b>		3. Mailing Address <b>1050 Innovation Ave Suite, Apt. #, etc. Unit B-109 North Port FL Zip 34289 Country USA</b>			
4. FEI Number <b>84-1672333</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>MCNEAL, DAVID L 408 BAY POINT AVENUE NOKOMIS, FL 34275</b>			
7. Name and Address of New Registered Agent Name <b>DAVID L MCNEAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>9673 Bay Harbor #20</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FRANCISCUS, LEE JR 33406 LIBERTY PARKWAY NORTH RIDGEVILLE, OH 44039 <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	DM MCNEAL, DAVID L <del>408 BAY POINT AVENUE</del> <b>9673 Bay Harbor #20</b> <del>NOKOMIS, FL 34275</del> <b>Fort Myers 33919</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 of trustees 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>941-426-1001</b> <small>Date Daytime Phone #</small>		

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