

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 21 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000058849

1. Entity Name
DAGER ROOFING, INC.



Principal Place of Business
380 SEMORAN COMMERCE PLACE SUITE C302
APOPKA, FL 32703

Mailing Address
380 SEMORAN COMMERCE PLACE SUITE C302
APOPKA, FL 32703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08152006 Chg-P CR2E034 (11/05)

4. FEI Number
35-2251448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAGER, RONALD D SR
303 WICKHAM COURT
LONGWOOD, FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME DAGER, RONALD D SR
STREET ADDRESS 380 SEMORAN COMMERCE PLACE SUITE C302
CITY-ST-ZIP APOPKA, FL 32703

TITLE Vice President
NAME Ulmer, Christopher
STREET ADDRESS 308 Wickham Court
CITY-ST-ZIP Longwood, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer
NAME Couch, Francis
STREET ADDRESS 719 Bear Lake Road
CITY-ST-ZIP Apopka, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-06 707-464-4554

Date

Daytime Phone #

8/21/06