2006 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

Connie R Buterbaugh

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Secretary of State DOCUMENT # P05000069722 03-01-2006 90036 014 ***158.75 1. Entity Name T AND T ROOFING OF BREVARD, INC. Principal Place of Business Mailing Address 4250 DOW ROAD UNIT 306 MELBOURNE FL 32934 **4250 DOW ROAD UNIT 306** MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For <u> 20. 3003293</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ty Daniel Buterbaugh Street Address (P.O. Box Number is Not Acceptable) 4350 Dow Road HEALY, PATRICK F 1800 W. HIBISCUS BLVD **SUITE 138** MELBOURNE FL 32901 Melbourne 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. Daniel Buterbauch 02.21.06 E-NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Ty DANIEL BUTErbAugh NAME NAME 4250 DOW ROAD Unit 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP melbourne FL 32934 TITLE ☐ Delete ☐ Change Addition NAME NAME Connie R Buterbaugh 2915 Pomello ROAd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MAIABAK FL 32950 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

03.21.06 (321) 729.9619

Mar 01, 2006 8:00 am