

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90030 033 \*\*\*150.00



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000081018</b>					
<b>1. Entity Name</b> STATE AND COUNTY CONSTRUCTION AND METAL ROOFING, INC.					
<b>Principal Place of Business</b> 459 MARION OAKS MANOR OCALA FL 34482			<b>Mailing Address</b> 459 MARION OAKS MANOR OCALA FL 34482		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEL Number</b> 20-2937956	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COLLINS, DONALD 459 MARION OAKS MANOR OCALA FL 34473			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when re-registering)					
Signature, typed or printed name of registered agent and fee if applicable					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> COLLINS, DONALD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 459 MARION OAKS MANOR	<b>CITY-ST-ZIP</b> OCALA FL 34473		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> P	<b>NAME</b> COLLINS, DONALD		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 459 MARION OAKS MANOR	<b>CITY-ST-ZIP</b> OCALA FL 34473		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. 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 if changed, or on an attachment with an address, with all other like empowered</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					