2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093872

Address:

City-St-Zip:

Entity Name: NORTHEAST FLORIDA ROOFING, INC

FILED Jul 03, 2006 Secretary of State

Entity Nai	me: NORTHE	:AST FLORIDA ROOFING, I	NC.				
Current Principal Place of Business:				New Principal Place of Business:			
910 SOUTH 14TH STREET PALATKA, FL 32177				463 HWY 17 SOUTH EAST PALATKA, FL 32187			
Current Mailing Address:				New Mailing Address:			
910 SOUTH 14TH STREET PALATKA, FL 32177				P O BOX 37 SAN MATEO, FL 32187			
FEI Number	: 20-3107019	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
KRISER, K 910 SOUT PALATKA,	H 14TH STRE	ET US		KRISER, K 178 PINEC SAN MATE		US	
	e named entity e of Florida.	submits this statement for th	e purpose o	of changing it	ts registered c	ffice or ı	registered agent, or both,
SIGNATU	RE:	07/03/2006					
Electronic Signature of Registered Agent							Date
		3(2)(b), F.S., the corporation dic g Trust Fund Contribution ().	l not receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D (KRISER, KYLE 910 SOUTH 14 PALATKA, FL	TH STREET		Title: Name: Address: City-St-Zip:	()) Change	() Addition
Title: Name: Address: City-St-Zip:	VP (GULLETT, CHF 104 CANNON (PALATKA, FL	COURT		Title: Name: Address: City-St-Zip:) Change	() Addition
Title: Name: Address: City-St-Zip:	T/S (KRISER, KYLE 910 SOUTH 14 PALATKA, FL	TH STREET		Title: Name: Address: City-St-Zip:) Change	() Addition
Title: Name:	() Delete		Title: Name:	S ()	-	(X) Addition

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.

Address:

City-St-Zip:

105 ILLINOIS DRIVE

SATSUMA, FL 32189

SIGNATURE: KYLE KRISER P/D 07/03/2006