

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
8/25/2006-90001-038-\$150.00-\$150.00

06 SEP 18 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000148372

1. Entity Name
AMELIA ROOFING, INC.



Principal Place of Business
55030 DEER RUN RD
CALLAHAN FL 32011

Mailing Address
55030 DEER RUN RD
CALLAHAN FL 32011



2. Principal Place of Business
55030 DEER RUN RD

3. Mailing Address

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.

City & State
CALLAHAN, FL

City & State

4. FEI Number
56-2539274

Applied For
Not Applicable

Zip
32011

Country
FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERBER, GEORGE W
55030 DEER RUN RD
CALLAHAN FL 32011

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 fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

8-19-06

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S. 607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	O	<input type="checkbox"/> Delete
NAME	FERBER, GEORGE W	
STREET ADDRESS	55030 DEER RUN RD	
CITY - ST - ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
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NAME		
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

9-13-06 904-3336496

Date

Daytime Phone

a/p200w