



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 046 \*\*\*150.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # P05000162904</b><br>1. Entity Name<br><b>LUGZS ROOFING, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>3590 SOUTH STATE ROAD 7<br/>SUITE 5<br/>MIRAMAR, FL 33023</b>  |  |   | Mailing Address<br><b>3590 SOUTH STATE ROAD 7<br/>SUITE 5<br/>MIRAMAR, FL 33023</b> |  |  |
| 2. Principal Place of Business<br><b>253 South State Road 7</b><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>PO Box 934298</b><br>Suite, Apt. #, etc.   |   |    |  |
| City & State<br><b>Margate FL</b>  |  | City & State<br><b>Margate FL</b>   |   | 4. FEI Number<br><b>20-4065674</b>   |  |
| Zip<br><b>33068</b>  | Country<br><b>U.S.A.</b>   | Zip<br><b>33093</b>   | Country<br><b>U.S.A.</b>  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LUGG, PATRICK<br/>5610 NW 54TH AVENUE<br/>TAMARAC, FL 33319</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>JOHNSON, ERROL<br/>3590 S STATE RD 7 STE 5<br/>MIRAMAR, FL 33023</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>LUGG, PATRICK<br/>5610 NW 54TH AVENUE<br/>TAMARAC, FL 33319</b> <input type="checkbox"/> Delete                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>P.<br/>Patrick Lugg<br/>5610 NW 54th Ave<br/>Tamarac FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>FREY, ALICIA<br/>3590 S STATE ROAD 7 STE 5<br/>MIRAMAR, FL 33023</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>S.<br/>Patrick Lugg<br/>5610 NW 54th Ave<br/>Tamarac FL 33319</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>CHUNG, STANLEY<br/>3590 S STATE ROAD 7 STE 5<br/>MIRAMAR, FL 33023</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <b>VP<br/>Jermaine Lugg<br/>5610 NW 54th Ave<br/>Tamarac FL 33319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |   |  |  |
| Date _____ Daytime Phone # _____   |  |   |   |  |  |

**60021579**