

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 30, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P92000000171

1. Entity Name  
SPENCER ROOFING INC.



Principal Place of Business  
20824 NETTLETON ST.  
ORLANDO, FL 32833

Mailing Address  
20824 NETTLETON ST.  
ORLANDO, FL 32833



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3148920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SPENCER, JOHNNY  
20824 NETTLETON STREET  
ORLANDO, FL 32833

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000007280525  
03/30/05-80021-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME SPENCER, JOHNNY  
STREET ADDRESS 20824 NETTLETON STREET  
CITY-ST-ZIP ORLANDO, FL 32833

TITLE VT  
NAME BAIGENT, DAVID  
STREET ADDRESS 5151 TARRAGONA DR  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Johnny Spencer Pres. 3-25-05