2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000053510

1. Entity Name COMMERCIAL ROOFING SALES, INC.

FILED Apr 20, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

851 SUNSHINE LANE

P. O. BOX 520180

ALTAMONTE SPRINGS, FL 32714

LONGWOOD, FL 32752-0180 US



DO I	NOT	WRITI	E IN	THIS	SPACE
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6. Name and Address of Current Registered Agent

03262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3199601

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

RINKER, DAVID 1032 EDMISTON PLACE LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered Agent sign	nature required when reinstating)	DATE LIGOROFISCOS S		
FILE NOW!!! FRE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees		######################################		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINKER, DAVID 1032 EDMISTON PLACE LONGWOOD, FL 32779		,			
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12. Thereby	certity that the information supplied with this fil	ling does not quality for the exemptions	s contained in Unapter 11	9, 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 emowered 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 accuracy with an active 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 emowered 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 active 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 emowered 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 active shall be accurate and the properties of the properties of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR