## "2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000033587

TONY MALL ROOFING CO.



Principal Place of Business

2000 N 57TH TER

HOLLYWOOD, FL 33021

Mailing Address

2000 N 57TH TER

HOLLYWOOD, FL 33021 US

### **FILED** Feb 24, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0496075 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALL, TONY 2000 N 57TH TER HOLLYWOOD, FL 33021

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-IIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

# DO NOT WRITE

				IN THIS SPACE					
	named entity submits this statement for the plons of registered agent.	urpose of changing	its registered offi	ice or r	egistered agent, or bot	ih, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and little	t applicable. (	NOTE: Registered Agent	signatun	required when reinstaling)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Efection Can Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS				<del></del>				
TITLE NAME STREET ADDRESS CITY-ST-EP	P MALL, TONY 2000 N 57TH TER HOLLYWOOD, FL 33021					80000U446327			
TITLE NAME STREET AODRESS CITY-ST-ZIP						00000445327 03/08/06-80004-019 150.00			

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report by supplied each statute and excurate and that my signature shall have the same level and another than an effect and that my signature shall have the same level and another than an effect and that my signature shall have the same level and another than an effect and that my signature shall have the same level and another than an effect and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and that my signature shall have the same level and the same level and that my signature shall have the same level and the same le

of the corporation or t	the receiver or trustee empowered to extachment with an address, with all other	recute this report as required by Cha-	pter 607, Florida Statutes; and the	hat my name	appears in	Black 10	or Block 11	"lŧ
0.01.45	100111			_	_		_	

SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR