

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000055713**

1. Entity Name

ROOFTOP CLEANUP CREW, INC.



Principal Place of Business

5803 NORTH LANE  
ORLANDO FL 32808

Mailing Address

PO BOX 617392  
ORLANDO FL 32861



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0509282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELLS, ALBERTO D  
5803 N LANE  
ORLANDO FL 32808

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

*Alberto D SHELLS*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 P ☐ Delete  
NAME SHELLS, ALBERTO D  
STREET ADDRESS PO BOX 617392  
CITY - ST - ZIP ORLANDO FL 32861

TITLE VP ☐ Delete  
NAME MADISON, WILLIE  
STREET ADDRESS 608 INDIAN ST  
CITY - ST - ZIP ORLANDO FL 32805

TITLE VP ☐ Delete  
NAME PEREZ, YONEIQUA  
STREET ADDRESS 4878 NANTUCKET LANE  
CITY - ST - ZIP ORLANDO FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000320499  
04/21/05-80041-005 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Alberto D Shells*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #