

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90048 029 \*\*\*150.00

DOCUMENT # P94000086612

1. Entity Name

ALBRITTON ROOFING OF NAPLES, INC.



Principal Place of Business

4442 ARNOLD AVE  
NAPLES FL 34104  
US

Mailing Address

4442 ARNOLD AVE  
NAPLES FL 33942



2. Principal Place of Business

3060 Sivan Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

FT Myers FL

City & State

FT Myers FL

Zip

33916

Country

US

Zip

33916

Country

US

4. FEI Number

65-0569516

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DON  
1500 ROYAL PALM BLVD, #101  
DON MORGAN AND ASSOCIATES  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name MILLER Helms PA

Street Address (P.O. Box Number is Not Acceptable)

6326 Whiskey Creek Dr

City FT Myers

FL

Zip Code

33919

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

3/15/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE VS  
NAME NELSON, LORI  
STREET ADDRESS 4442 ARNOLD AVE  
CITY-ST-ZIP NAPLES-FL ☐ Delete

TITLE PT  
NAME NELSON, MELVIN  
STREET ADDRESS 4442 ARNOLD AVE  
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 3060 Sivan Rd  
CITY-ST-ZIP FT MYERS FL 33916 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 3060 Sivan Rd  
CITY-ST-ZIP FT MYERS FL 33916 ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOK nels 3/15/06 239 332267