


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90422 009 ***150.00

DOCUMENT # P94000087386 1. Entity Name ALL FLORIDA ROOFING & REPAIRS, INC.																													
Principal Place of Business 2800 ALLENHILL AVE., SUITE <i>bc</i> MELBOURNE FL 32940			Mailing Address 2800 ALLENHILL AVE., SUITE <i>bc</i> MELBOURNE FL 32940																										
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>C</i>																											
Suite, Apt. #, etc. <i>C</i>		Suite, Apt. #, etc. <i>C</i>																											
City & State 		City & State 		4. FEI Number 59-3285035																									
Zip 		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GUCCIONE, MICHAEL 2800 ALLENHILL AVE., SUITE <i>bc</i> MELBOURNE FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>N/A</i> 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 <i>Michael Guccione</i> (NOTE: Registered Agent signature required when reinstating) DATE 4-10-06																													
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P GUCCIONE, MICHAEL</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2800 ALLENHILL AVE., SUITE <i>bc</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MELBOURNE FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P GUCCIONE, MICHAEL	<input type="checkbox"/> Delete	NAME	2800 ALLENHILL AVE., SUITE <i>bc</i>		STREET ADDRESS	MELBOURNE FL		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06 321-242-4988
Date Daytime Phone #