

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90032 008 \*\*\*150.00

<b>DOCUMENT # P95000046578</b>					
<b>1. Entity Name</b> BEBEE ROOFING, INC.					
<b>Principal Place of Business</b> 15035 PINE MEADOWS DR, UNIT 6 FT MYERS, FL 33908			<b>Mailing Address</b> 15035 PINE MEADOWS DR, UNIT 6 FT MYERS, FL 33908		
<b>2. Principal Place of Business</b> 12644 KENWOOD LN. Suite, Apt. #, etc. <b>APT C</b>		<b>3. Mailing Address</b> PO BOX 07316 Suite, Apt. #, etc. <b>-</b>			
<b>City &amp; State</b> FT MYERS, FLA.		<b>City &amp; State</b> FT MYERS FLA.		<b>4. FEI Number</b> 65-1072847	
<b>Zip</b> 33907		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BEBEE, STEVE 15035 PINE MEADOWS DR, UNIT 6 FT MYERS, FL 33908			<b>7. Name and Address of New Registered Agent</b> Name <b>BEBEE, STEVE</b> Street Address (P.O. Box Number is Not Acceptable) 12644 - C KENWOOD LN. City <b>FT MYERS</b> <b>FL</b> <b>33907</b>		
<b>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.</b> SIGNATURE <b>1/24/05</b> <small>Signature, typed or printed name, and date of signature and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> BEBEE, STEVE <b>STREET ADDRESS</b> 15035 PINE MEADOWS DR, UNIT 6 <b>CITY-ST-ZIP</b> FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> STEVE BEBEE <b>STREET ADDRESS</b> 12644 - C KENWOOD LN. <b>CITY-ST-ZIP</b> FT MYERS, FLA. 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SLOAN, RAY <b>STREET ADDRESS</b> 426 CACTUS CIRCLE <b>CITY-ST-ZIP</b> LEHIGH ACRES, FL 33936	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> SECONOBS ENGLISH <b>STREET ADDRESS</b> 3159 ENGLISH ST. <b>CITY-ST-ZIP</b> FT MYERS, FLA. 33901	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b> -	<input type="checkbox"/> Delete		<b>TITLE</b> SECRETARY <b>NAME</b> LARRY SPINNEY <b>STREET ADDRESS</b> 19551 US HWY 41 <b>CITY-ST-ZIP</b> FT MYERS FLA. 33908	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b> -	<input type="checkbox"/> Delete		<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b> -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b> -	<input type="checkbox"/> Delete		<b>TITLE</b> - <b>NAME</b> - <b>STREET ADDRESS</b> - <b>CITY-ST-ZIP</b> -	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.</b>					
<b>SIGNATURE</b> <b>STEVE BEBEE</b>			<b>1/24/05 (239) 481-2865</b>		
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		