

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90045 049 ***158.75

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1. Entity Name
BUD'S ROOFING, INC.



Principal Place of Business
6380 SAPLING AVE
GRANT, FL 32949

Mailing Address
6380 SAPLING AVE
GRANT, FL 32949

60006646



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3333418

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG, WILLIAM J
6380 SAPLING AVE
GRANT, FL 32949

Sapling Ave

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANG, WILLIAM
STREET ADDRESS	6380 SAPLING AVE
CITY-STATE-ZIP	GRANT, FL 32949
TITLE	VP
NAME	BAIUNCO, TOM
STREET ADDRESS	1284 CYPRESS TRAIL DR
CITY-STATE-ZIP	MELBOURNE, FL 32940
TITLE	T
NAME	LANG, JASON
STREET ADDRESS	6380 SAPLING AVE
CITY-STATE-ZIP	GRANT, FL 32949
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

William Lang **William Lang**

1-18-06

321729-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #