

**2006 FOR PROFIT CORPORATION,  
ANNUAL REPORT**

**FILED  
Jan 31, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P95000084739  
1. Entity Name  
BEL-MAC ROOFING, INC.



Principal Place of Business      Mailing Address  
122-3 BISHOP TOLBERT RD      122-3 BISHOP TOLBERT RD  
SANTA ROSA BEACH, FL 32459 US      SANTA ROSA BEACH, FL 32459 US

**DO NOT WRITE IN THIS SPACE**



01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-3344185      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BELL, WILLIAM E JR  
122-3 BISHOP TOLBERT RD  
SANTA ROSA BEACH, FL 32459

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BELL, WILLIAM E
STREET ADDRESS	122-3 BISHOP- TOLBERT RD
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	VP
NAME	KISH, ALEX R
STREET ADDRESS	122-3 BISHOP-TOLBERT RD.
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80003-004 150.00

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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: W.E. Bell, Jr      W.E. BELL, JR      1-26-06      850 267-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cayman Phone #