

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000004878

1. Entity Name
BILL'S ROOFING OF PALM BEACH, INC.



Principal Place of Business
6380 VIA TOWNSEND
WEST PALM BEACH, FL 33415

Mailing Address
6380 VIA TOWNSEND
WEST PALM BEACH, FL 33415



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0640805

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLELLAN, DONNA
6380 VIA TOWNSEND
WEST PALM BEACH, FL 33415

**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 reinstating)

DATE

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 D
NAME MCLELLAN, REINALDO BILL
STREET ADDRESS 6380 VIA TOWNSEND
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE D
NAME MCLELLAN, DONNA
STREET ADDRESS 6380 VIA TOWNSEND
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA MCLELLAN

Date

1/13/06 561-689-9208

Daytime Phone #