2006 FOR PROFIT CORPORATION

ANNUAL REPORT				Jan 31, 2006 08:00 A			
DOCU	MENT # P970000932	93			Sec	cretary	of State
1. Entity Nam EUSTIS I	ROOFING COMPANY INC.			++==			
Principal Plac 15312 OLD TAVARES, FI	HWY 441	Mailing Address 15312 OLD HWY 441 TAVARES, FL 32778	<u> </u>	-	. (617) (524) (621)) (657) (827)		
C	OO NOT WRITE	CE	01242006 4. FEI Number 59-270		CR2E034 (
15312 OL TAVARES	6. Name and Address of Current Rev I, RODNEY D HWY 441 S, FL 32778			ÎN 7	NOT W	ACE	
	e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	itle if applicable. (NOTE, Registere	ed Agent signature required	d when reinstating)	in, in the State of Fig	DATE	er with, and accept
	LE NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	 Election Campaign Fina Trust Fund Contribution. 	· **	.00 May Be led to Fees			
TITLE NAME STHEET ADDRESS CITY - ST-ZIP	P REISMAN, RODNEY PO BOX 895505 LEESBURG, FL 34789	ECTORS			. ,		**************************************
TITLE NAME STREET ADDRESS CITY-SY-ZIP	VP REISMAN, CHERYL L PO BOX 895505 LEESBURG, FL 34789		,		00000 02/ 08 /06	0408102 -80046-0	21 150.00
NAME STREET ADDRESS CITY-ST-ZIP		,			NOT W		
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME		· · · · · · · · · · · · · · · · · · ·		IN ³	THIS SF	'ACE	
STREET ADDRESS CITY-ST-ZIP				÷ • •	بيند پور-		

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TO ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Dayüme Phone #