2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# P97000108503

Entity Name: TROPICAL ROOFING, INC.

Current Principal Place of Business:

5985 49TH STREET
SAINT PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5985 49TH STREET
SAINT PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-3487104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JEFFERY
5985 49TH STREET
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D/O ( ) Delete
Name: SMITH, JEFFERY A
Address: 5985 49TH STREET
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D ( ) Delete
Name: SMITH, CINDY L
Address: 5985 49TH STREET
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D/O ( ) Delete
Name: GRAY, RAND L
Address: 9431 SUMMERBREEZE TERRACE
City-St-Zip: NEW PORT RICHEY, FL

Title: O ( ) Delete
Name: SMITH, GARY A
Address: 1066 FARMINGDALE LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SMITH D/O 05/03/2006

Electronic Signature of Signing Officer or Director Date