2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000046957

1. Entity Name
ROOF TECH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12403 N. 53RD ST. TAMPA, FL 33617	12403 N. 53RD ST. TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE

03112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3309849
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATHIS, PATRICIA A
12403 N. 53RD ST.
TAMPA, FL 33617

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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

100000470394
03/28/06-80012-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATHIS, DARYL L
STREET ADDRESS	12403 N. 53RD ST.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	ST
NAME	MATHIS, PATRICIA A
STREET ADDRESS	12403 N. 53RD ST.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VP
NAME	FITZGERALD, DARRELL
STREET ADDRESS	18522 SUNWARD PLACE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	AT
NAME	HOFFMAN, DALE D
STREET ADDRESS	7805 CHAPERON COURT
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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.

(813)

SIGNATURE: Daryl L. Mathis 03/10/06 985-0841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #