

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000066197

1. Entity Name

LITTLE ROOFING INC.



FILED
Jul 18, 2005 08:00 AM
Secretary of State

Principal Place of Business

7045 AUSTRALIAN AVE
JACKSONVILLE FL 32254

Mailing Address

7045 AUSTRALIAN AVE
JACKSONVILLE FL 32254

2. Principal Place of Business

7045 Australian Ave
Suite, Apt. #, etc.

3. Mailing Address

7045 Australian Ave
Suite, Apt. #, etc.

City & State

Jax. Fla.

City & State

Jax. Fla.

Zip

32254

Country

Zip

32254

Country

4. FEI Number

59-3589478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JAMES W
7045 AUSTRALIAN AVE
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James W. Little

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-13-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LITTLE, JAMES
7045 AUSTRALIAN AVE
JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LITTLE, JUDY
7045 AUSTRALIAN AVE
JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000373349
07/18/05-80011-021 550.00

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

James W. Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-05

DATE

781-8517

Daytime Phone #