

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 024 ***158.75

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------|--|
| DOCUMENT # P99000109564 | | | | | | |
| 1. Entity Name KEN OLIVER ROOFING, INC. | | | | | | |
| Principal Place of Business P O BOX 1200 UMATILLA FL 32784 | | | Mailing Address P O BOX 1200 UMATILLA FL 32784 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3615326 | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | | |
| 6. Name and Address of Current Registered Agent OLIVER, KENNETH E 19654 TWIN PONDS ROAD UMATILLA FL 32784 | | | | | | |
| 7. Name and Address of New Registered Agent | | | | | | |
| Name VINCENT E. OLIVER | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 19654 TWIN PONDS ROAD | | | | | | |
| City UMATILLA FL Zip Code 32784 | | | | | | |
| 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 VINCE OLIVER VICE PRESIDENT | | | | | | |
| (NOTE: Registered Agent signature required when re-registering) DATE 01/24/06 | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE PD | NAME OLIVER, KENNETH E | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS PO BOX 1200 | CITY - ST - ZIP UMATILLA FL 32784 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE VPD | NAME OLIVER, VINCENT | | <input type="checkbox"/> Delete | TITLE | NAME | |
| STREET ADDRESS PO BOX 1200 | CITY - ST - ZIP UMATILLA FL 32784 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | CITY - ST - ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: | | | VINCE OLIVER VICE PRESIDENT | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE 01/24/06 352-636-3166 | | | |



ATTACHMENT

40018703

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

KEN OLIVER ROOFING, INC.
P O BOX 1200
UMATILLA, FL 32784

Subject: KEN OLIVER ROOFING, INC.

Reference Number: P99000109564

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION