


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # S56798
1. Entity Name
URBINE ROOFING, INC.



Principal Place of Business
5500 WILMAR LANE
NAPLES, FL 34112-5452 US

Mailing Address
5500 WILMAR LANE
NAPLES, FL 34112 US

DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0273124

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
URBINE, TERRY J.
5500 WILMAR LANE
NAPLES, FL 34112

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P URBINE, TERRY J. 5500 WILMAR LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S URBINE, DEBORAH 5500 WILMAR LANE NAPLES, FL
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04/13/06-80024-023 150.00

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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.

SIGNATURE: Deborah Urbine Deborah Urbine 3/28/06 239-774-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #