2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # \$83026 1. Entity Name 02-17-2006 90072 024 ***150.00 ATES ROOFING, INC. Principal Place of Business Mailing Address 6011 HWY 85 N CRESTVIEW FL 32539 US 6011 HWY 85 N CRESTVIEW FL 32539 Principal Place of Business 3. Mailing Address 5820 EAST DOGWOOD A 5820 EAST DOGWOOD D C Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State_ Applied For 4. FEI Number 59-3095974 Crestvieu Crestview Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATES Rober ATES, ROGER Street Address (P.O. Box Number is Not Acceptable) 6011 HWY. 85, N. CRESTVIEW FL 32536 5820 EAST DOGUOODDA 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 roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PCD TITLE PCD TITLE ☐ Delete Addition ATES ROGER 5820 EAST DOGWOOD Dr NAME ATES, ROGER NAME STREET ADDRESS 6011 HWY. 85, N. STREET ADDRESS CresTrian, FZA 32539 CHY-ST-ZE CRESTVIEW FL CITY-ST-7(P VCD ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME ATES MAI ATES, MARY 5820 EAST STREET ADDRESS STREET ADDRESS 6011 HWY. 85, N. City-ST-ZIP CRESTVIEW FL CITY-ST-ZIP TITLE Delete_ TITLE Change . ☐ Addition Dewees WALTER NAME DEWEES, WALTER 5240 CLIENT MASON Rd STREET ADDRESS STREET ADDRESS 801 BIRCH RIVER AVE CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 Delete TITLE TITLE Change ☐ Addition GODWIN, JIMMY NAME NAME 6011 HWY 85 N STREET ADDRESS STREET ADDRESS CRESTVIEW FL 32539 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED