

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 037 ***150.00

DOCUMENT # S95592

1. Entity Name
ROOF HUGGER, INC.



Principal Place of Business
**106 WHITAKER RD
LUTZ, FL 33549 US**

Mailing Address
**P.O. BOX 1027
ODESSA, FL 33556-1027 US**



2. Principal Place of Business
144 B Whitaker RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122006

Chg-P

CR2E034 (11/05)

City & State
LUTZ FL

City & State

4. FEI Number
59-3092471

Applied For
Not Applicable

Zip
33549 Country

Zip Country

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

6. Name and Address of Current Registered Agent

**NELSON DALE G
18440 WAYNE RD
ODESSA, FL 33556**

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

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
NELSON, DALE
18440 WAYNE RD
ODESSA, FL 33556** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCCONNOHIE, D V
12714 N. PADDOCK
TAMPA, FL 33618** ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/06 800 771 1711