## **2006 FOR PROFIT CORPORATION**

## · ANNUAL REPORT DOCUMENT # V71414 1. Entity Name ROOFING CONCEPTS, INC. Principal Place of Business Mailing Address 2710 DOCUDOCE I AME 2710 DOCKDOCE LAND

**FILED** Apr 17, 2006 08:00 AN Secretary of State

ZEPHYRHILLS, FL 33541 US ZEPHYRHILLS, FL 33541 US						
DO NOT WRITE IN THIS SPACE				01062006 4. FEI Numb 65-036	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					<del> </del>	· ·
ROLSTON, DONALD 3719 ROCKROSE LANE ZEPHYRHILLS, FL 33541			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulated when reinstiting)  DATE						
odyname, rysed of particul national registration applications. Strotte indipaters which revisiting the restrictions by						
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Frust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				. <del>-</del> . · · · · · · · · · · · · · · · · · · ·	Honon	0512028^M
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROLSTON, DONALD 3719 ROCKROSE LANE ZEPHYRHILLS, FL 33541			04/29/06-80077-003 150.00^M		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOCHEL, KARYN 3719 ROCKROSE LANE ZEPHYRHILLS, FL 33541	4-1-4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

I hereby certify that the information supplied with this filling 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 cath; 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: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR