


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-20-2006 90034 008 ***150.00

| | | | | | |
|--|---------------------------|--|---|--|-----------------------------------|
| DOCUMENT # P93000071430 | | | |  | |
| 1. Entity Name AABCO ROOFING, INC. | | | | | |
| Principal Place of Business 1303 SW 1 WAY DEERFIELD BEACH, FL 33441 US | | | Mailing Address 1303 SW 1 WAY DEERFIELD BEACH, FL 33441 US | | |
| 2. Principal Place of Business <i>271 NW 1 Street</i> Suite, Apt. #, etc. | | 3. Mailing Address <i>271 NW 1 Street</i> Suite, Apt. #, etc. | | | |
| City & State <i>Deerfield Beach FL</i> | | City & State <i>Deerfield Beach FL</i> | | 4. FEI Number 65-0441989 | |
| Zip <i>33441</i> | | Country <i>Broward</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SLATKIN, SHELDON T 9900 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | 7. Name and Address of New Registered Agent Name: <i>PAUL KUPFER</i> Street Address (P.O. Box Number is Not Acceptable): <i>1706 UNIVERSITY DRIVE</i> City: <i>Coral Springs</i> FL Zip Code: <i>33071</i> | | |
| 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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating.) DATE: <i>1/17/06</i> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FAMULARO, RAYMOND | | NAME | | |
| STREET ADDRESS | 1303 S.W. 1 WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>[Signature]</i> | | | Date: <i>1/17/06</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |