2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SEAN=TE COOK

SIGNATURE:

## Feb 13, 2004 08:00 AM DOCUMENT # 528456 **Secretary of State** 1. Entity Name BUCK COOK ROOFING, INC. Principal Place of Business Mailing Address HWY, 495 N. P.O. BOX 1311 HWY, 495 N. P.O. BOX 1311 CRYSTAL RIVER FL 32623-1311 CRYSTAL RIVER FL 32623-1311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1749928 Not Applicable Zερ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, JEANETTE HIGHWAY 495, BOX 1311 Street Address (P.O. Box Number is Not Acceptable) CRYSTAL RIVER FL 32629 City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD MLE Change Addition TITLE ☐ Detete COOK, BUCK NAME MALAF U00000050123 HIGHWAY 495, BOX 1311 STREET ADORESS STREET ADDRESS 02/13/04-80051-010 158.75 CRYSTAL RIVER FL CITY - ST - ZIP CITY - ST - ZIP ☐ Change ☐ Delete TITLE Addition TITLE COOK, JEANNETTE MAME NAME STREET ADDRESS HIGHWAY 495, BOX 1311 STREET ADDRESS CXTY - ST - 78P CITY-ST-ZIP CRYSTAL RIVER FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME COOK, JEANNETTE STREET ADDRESS STREET ADDRESS HIGHWAY 495, BOX 1311 CITY-ST-ZIP CITY - ST- ZIP CRYSTAL RIVER FL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-ZIP CHY-ST-ZIP Change Addition TITLE Delete TITLE MARAT NASSE STREET ADDRESS STREET ADDRESS CATY - ST-ZIP CITY - ST - ZIP TRILE Detete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-78P 12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 out, 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

**FILED**