

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641083

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: PROTECTIVE ROOFING CO.

## Current Principal Place of Business:

COCOLI INDUSTRIAL AREA  
LOT 7, PANAMA CANAL AREA, COCOLI  
PANAMA, XX

## New Principal Place of Business:

COCOLI INDUSTRIAL AREA  
LOT 7, PANAMA CANAL AREA  
COCOLI, PANAMA, PN 00000

## Current Mailing Address:

BOX 2005  
BALBOA, ANCON, PANAMA, PN 00000

## New Mailing Address:

BOX 0843-03055  
BALBOA, REP. OF PANAMA, PN 00000

FEI Number: 94-0040788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOMA, GARY  
2699 STIRLING ROAD  
SUITE C-401  
FT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: HOMA, C WILLIAM,  
Address: HOUSE 792X  
City-St-Zip: BALBOA, PANAMA, PN 00000

Title: VD ( ) Delete  
Name: HOMA, DEAN C,  
Address: HOUSE 96  
City-St-Zip: ALBROOK, PANAMA, PN 00000

Title: PD ( ) Delete  
Name: HOMA, BRUCE M,  
Address: HOUSE 145B  
City-St-Zip: ALBROOK, PANAMA, PN 00000

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN HOMA

VD

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date