2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004
Secretary of State

DOCUMENT# F01000000159

Entity Name: G.R. HAMMONDS ROOFING, INC.

Current Principal Place of Business:

759 SHANNON ROAD
LUMBERTON, NC 28360

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 707
LUMBERTON, NC 28359

New Mailing Address:

FEI Number: 56-2053951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMMONS, DOUGLAS D
1463 LLOYDS COVE ROAD
TALLAHASSEE, FL 32312 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: P ( ) Delete
Name: BLANKS, ANITA H
Address: 749 HAMMONDS ROAD
City-St-Zip: LUMBERTON, NC 28360

Title: S ( ) Delete
Name: HAMMONDS, RUBY L
Address: 759 SHANNON ROAD
City-St-Zip: LUMBERTON, NC 28360

Title: VP ( ) Delete
Name: HAMMONDS, MITCHELL
Address: 757 SHANNON RD.
City-St-Zip: LUMBERTON, NC 28360

Title: VP ( ) Delete
Name: ROSE, KIM R
Address: 759 SHANNON RD.
City-St-Zip: LUMBERTON, NC 28360

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:

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: ANITA H BLANKS P 09/22/2004

Electronic Signature of Signing Officer or Director — Date