


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90020 041 ***150.00

DOCUMENT # G23225			
1. Entity Name DUNCAN AND MOODY ROOFING, INC.			
Principal Place of Business 3280 PARRISH RD TITUSVILLE, FL 32796		Mailing Address PO BOX 6434 TITUSVILLE, FL 32782	
2. Principal Place of Business 1480 N. US Hwy. 1		3. Mailing Address PO Box 6434	
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:	
City & State Titusville		City & State Titusville, FL	
Zip 32796	Country USA	Zip 32782	Country USA
4. FEI Number 59-2258964		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent DUNCAN, D. MICHAEL 3280 PARRISH RD TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Duncan, D. Michael Street Address (P.O. Box Number is Not Acceptable) 15 Einig Av. City Titusville FL Zip Code 32796	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO DUNCAN, DENNIS M 3280 PARRISH ROAD TITUSVILLE, FL 32796 <i>New Add. only</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Duncan, Dennis M. 15 Einig Av. Titusville, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOODY, MICHAEL 2817 MOURNING DOVE WAY TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCL THURSTON, PAUL D 4735 GREENHILL ST PORT SAINT JOHN, FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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>Dennis M. Duncan</i>		Date: 3-31-04 (321) 269-9588	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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