


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # G65116
1. Entity Name
ADVANCED ROOFING, INC.



Principal Place of Business Mailing Address
1950 NW 22 STREET 1950 NW 22 STREET
FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2360591 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORNAHRENS, ROBERT
1950 NW 22 STREET
FORT LAUDERDALE, FL 33311

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	KORNAHRENS, ROBERT
STREET ADDRESS	1950 NW 22 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311
TITLE	V
NAME	KORNAHRENS, DEBORAH
STREET ADDRESS	1950 NW 22 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311
TITLE	V
NAME	STOKES, DANIEL
STREET ADDRESS	1950 NW 22 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Robert Kornahrens - President 4-29-05 954-522-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #