


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # J08613 1. Entity Name CANTONMENT INDUSTRIAL COMMERCIAL ROOFING, INC.	
---	---

Principal Place of Business 450 NEAL RD. CANTONMENT, FL 32533-0082	Mailing Address 450 NEAL RD. CANTONMENT, FL 32533-0082
--	--



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2655293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, GLENNIE M
450 NEAL RD
CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DANIEL, GLENNIE M A
STREET ADDRESS	1320 PHALROSE LANE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	P
NAME	DANIEL, TIMOTHY M
STREET ADDRESS	391 NEAL RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000244549
 02/26/05-80023-023 150.00

DO NOT WRITE IN THIS SPACE

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: TIMOTHY M. DANIEL *Timothy M. Daniel* 02-22-05 (850)968-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #