


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0000084820
 1. Entity Name
RESILIENT ROOFING, INC.



Principal Place of Business 400 COMMERCE WAY #128 LONGWOOD, FL 32750	Mailing Address 400 COMMERCE WAY #128 LONGWOOD, FL 32750
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04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-3669602	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ALLMOND, CHARITY
 1586 STEPHAN COLE LANE
 APOPKA, FL 32703**

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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 \$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 NAME STREET ADDRESS CITY - ST - ZIP	P LAVINE, DARRIN C 2799 BOULDER FALLS CT APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST OLARTE-LAVINE, LINA 2799 BOULDER FALLS CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAVINE, BRIAN 2302 FITZPATRICK TR. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Lina Olarte-Lavine Date: 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lina Olarte-Lavine