

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90008 024 \*\*\*158.75



**DOCUMENT # P03000109484**  
**1. Entity Name**  
**R&R ROOF SERVICES, INC.**

**Principal Place of Business**  
**2148 INNER CASS CIRCLE**  
**SARASOTA, FL 34231 US**

**Mailing Address**  
**2148 INNER CASS CIRCLE**  
**SARASOTA, FL 34231 US**

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip - Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip - Country



01062004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**  
**NORMAN, NELSON R**  
**2148 INNER CASS CIRCLE**  
**SARASOTA, FL 34231**

**4. FEI Number**  
**65-1053182**

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	NORMAN, NELSON R	
STREET ADDRESS	2148 INNER CASS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORMAN, RICHARD	
STREET ADDRESS	7347 CASS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	NORMAN, VIOLET V	
STREET ADDRESS	2148 INNER CASS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	NORMAN, COLLEEN	
STREET ADDRESS	2148 INNER CASS CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Nelson R. Norman* **JANUARY 10-2004** **1-941 921 3985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #