2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90039 043 ***158.75

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000112481

1. Entity Name
GILILEO ROOFING, INC.

Principal Place of Business	Mailing Address
19105 SALTSDALE RD. UMATILLA FL 32784	19105 SALTSDALE RD. UMATILLA FL 32784

2. Principal Place of Business		3. Mailing Address	
3302 Site To See Ave.		P.O. Box 1613	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Eustis, FL		City & State: Umatilla, FL	
Zip: 32726	Country: US	Zip: 32784	Country: US

4. FEI Number 73-1681914 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILILEO, GEORGINA M
19105 SALTSDALE RD.
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3302 Site To See Ave.
City Eustis FL Zip Code 32726

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 Georgina M Gilileo 4-8-05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD GILILEO, GEORGIA M 19105 SALTSDALE RD. UMATILLA FL 32784	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gilileo, Georgina M. 3302 Site To See Ave. Eustis, FL 32726	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Georgina M Gilileo Georgina M. Gilileo 4-8-05 352-483-4857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #