


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P26314
 1. Entity Name
 A.J. EDWARDS ROOFING CO., INC.



Principal Place of Business Mailing Address
 6601 N. PINE BARREN RD 6601 N. PINE BARREN RD
 CENTURY, FL 32535 CENTURY, FL 32535



03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2733560	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
 EDWARDS, A.J.
 6601 N. PINE BARREN ROAD
 CENTURY, FL 32535

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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	PD EDWARDS, A.J. 6601 N PINE BARREN RD CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EDWARDS, WILLIE J. 6601 N PINE BARREN RD CENTURY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, TRACY, E 596 DUGOUT LANE ATMORE, AL
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 04/01/05-80029-024 150.00

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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: Willie Jean Edwards Willie Jean Edwards 3/29/05 251-368-6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #