2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P93000039002 1. Entity Name ACCURATE ROOF CONSULTANTS, INC.							Mar 15, 2004 08:00 AM Secretary of State				
Principal Place	e of Business	Mailm	g Address			-					
30339 P U.S		30339 P U.S. 19 N.									
	ER FL 33761	CLEARWATER FL 33761									
2. Principal P	lace of Business	3. Mailing Address				_					
Suite, Apt.	# etc	Suite Apt. #, etc.					MOORE	CR2E034	/11/09\	-	
							URZE004	<u> </u>			
City & Stati	ę	City & State				4. 8	FEI Number 59-3188698	3		plied For at Applicable	
Zıp	Country	Zıp		Cour	try	5. (Certificate of Status Desired		\$8.75 Add		
	6. Name and Address of Curren	t Registere	stered Agent			7. N	lame and Address of New F	egistered .		<u> </u>	
o, tomo una passas e dans una granda a								-			
SIPLE, DAVID H 30339 P U.S. 19 N.					Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 34621						_				· ·	
					City			FL	Zip Code	<u> </u>	
0 The ef-		for the o	and of observing its		od office or socie	tared on	not as both in the Ctars of El			and cocont	
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.	Signature. typed or printed name of registered agen	n and title il app	licable. (NOT	TE Registere	d Agent signature requ	ared when re	enstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department						Election Campaign Fir Trust Fund Contribution	~ -	\$5.0 Added	O May Be I to Fees	
10.	OFFICERS AN		RS	11.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PS		☐ Delete	THIL	Ε				Change	Addition_	
NAME CARRET ADDRESS	SIPLE, DAVID H 30339 P U.S. 19 N.			NAM	ET ADDRESS		8000000B	8985			
STREET ADDRESS City - St - ZIP	CLEARWATER FL 34621-1039				-ST-ZIP		03/15/04-80	073-01	8 150.0]	
HILE	VT		☐ Delete	TITL	E				☐ Change	Addition	
NAME	SIPLE, MARGARITA J			NAN	· 1						
STREET ADDRESS CITY-ST-ZIP	30339 P U.S. 19 N. CLEARWATER FL 34621-1039				EET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TEL				·	☐ Change	Addition	
NAME			Suicio	NAM	I				—		
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				}	-ST-ZIP			·	☐ Change	☐ Addition	
TITLE NAME			☐ Delete	TITE Nan	- 1				□ orange	Addition	
STREET ADDRESS				•	EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	I				Change	Addition	
NAME STREET ADDRESS				NAN STR	EET ADDRESS						
CITY-ST-ZIP					'- ST-ZIP						
TITLE			☐ Delete	TITL	1				☐ Change	Addition	
NAME CTOCCY 4 DODCCC				NAM	1						
STREET ADDRESS City-St-Zip					EET ADDRESS '-ST-ZIP						
	certify that the information supplied w	th this filina	does not qualify fo			Section	119.07(3)(i), Florida Statutes.	I further ce	rtify that the i	nformation	
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.											

FILED