2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 08:00 AM DOCUMENT # 221164 **Secretary of State** 1. Entity Name PROGRESSIVE ROOF & SHEET METAL CO INC Principal Place of Business Mailing Address 1300 NORTH PACE BOULEVARD POST OFFICE BOX 18448 PENSACOLA FL 32523 1300 NORTH PACE BOULEVARD POST OFFICE BOX 18448 PENSACOLA FL 32523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-0864477 Not Applicable Zip Cauntry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SATTERWHITE,D R Street Address (P.O. Box Number is Not Acceptable) 5902 KENDALL AVE PENSACOLA FL 32506 Zip Code City FL 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 Springure, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating? DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition HILE PD ☐ Delete TIRE ☐ Change Unnoon209039 NAME SATTERWHITE, DR NAME 02/02/05-80022-003 150.00 STREET ADDRESS 5902 KENDAL AVE. STREET ADDRESS CITY-ST-7IP PENSACOLA FL CITY-ST-ZIP ☐ Addillon HILL ☐ Delete THLE ☐ Change SATTERWHITE, EDNA K NAME MANAG 5902 KENDAL AVE. STREET ACCRESS STHEET ADDRESS CITY-ST-ZIP PENSACOLA FL CHY-ST-ZIP ☐ Delete ШЦЕ Change Addition | Ititer NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition HILE MAME STREET ADDRESS JIREE! ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-789 THE ☐ Addition tiftt ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS **CHY-ST-78** CITY-SE-7IP

12. Thereby 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 emportered.

SIGNATURE:

DAVID R. SATTLEWHITE 1-31-05

FILED