2005 FOR PROFIT CORPORATION

Aug 19, 2005 8:00 am Secretary of State **ANNUAL REPORT** 08-19-2005 90008 050 ***550.00 **DOCUMENT #315010** COLLIER COUNTY ROOFING CORP Mailing Address Principal Place of Business 50062401 3927 EXCHANGE AVE. 3927 EXCHANGE AVE. NAPLES, FL 34104-3737 NAPLES, FL 34104-3737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Chg-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 59-1164505 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORY, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3927 EXCHANGE AVE. NAPLES, FL 34104 City 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) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD ☐ Delete TITLE NAME PREWITT, ARTHUR J NAME 3927 EXCHANGE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 341043737 VΡ Delete TITLE Change Addition Addition DOLL, PHILLIP E NAME NAME Broske, larry 3927 EXCHANGE AVE. STREET ADDRESS STREET ADDRESS 3927 Exchange Avenue CITY-ST-ZIP NAPLES, FL 341043737 CITY-ST-ZIP SECRETARY TITLE ☐ Change Addition **⊠** Delete TITLE FARINA, LAURIE DOLL, ROBERT D NAME 3927 Exchange Avenue STREET ADDRESS STREET ADDRESS 3927 EXCHANGE AVE. CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 341043737 Naples, FL 34104 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 suppliemental 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 received 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 attac other like empowered.

SIGNATURE: X

7/1/05

FILED