2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 343785  1. Entity Name REAVES ROOFING, INC.						Feb 24, 2005 08:00 AM Secretary of State			
Principal Plac	ce of Business	Mailing Address	=		1				
2031 E 19T	TH ST	2031 E 19TH ST							
JACKSON\	VILLE FL 32206	JACKSONVILLE FL	32206						
2. Principal I	Place of Business	3. Mailing Address			1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		→				Biter: 11 (BB)	
				1.	st MOORE	CR2E034 (	10/04)		
City & State		City & State			4. FEI Numi	59-1259577	,		pplied For ot Applicable
Zíp	Country	Zip Coun		ntry	5 Certificat	e of Status Desired	<b>\$</b>	8.75 Add	
	6. Name and Address of Curren	t Posistered Agent					Fe	e Require	ed
		Name	/. Name an	d Address of New R	sõisteted Võ	ent			
REA	AVES SR, JOHN J		Street		(P.O. Box Numi	per is Not Acceptable	<del></del>		
	52 OVINGTON RD CKSONVILLE FL 32216			Super Addition (1, O. Dox Number is Not Acceptable)					
				<u> </u>					
				City			FL	Zip Cod	le
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									
with a subjection of registering against									
SIGNATURE  Signature, typed or printed name of registered agent and tide 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 Campa Trust Fund Conf			.00 May Be
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI	OFFICE AND F	·OFOTOR	C IN 144
TITLE	PD PD	Delete	HILL HILL	ε	ADDITIONS	CHANGES TO OFFE		Change	S IN 11  ☐ Addition
NAME	REAVES SR, JOHN J	NAM			lina .				
STREET ADDRESS CITY - ST - ZIP	1052 OVINGTON RD RD 00000			ET ADDRESS '-ST-ZIP		12/24/11	J0240484	Į.	
TOTLE	TD		IIIII		·-····································		0024048 -97668 -	/ // Shanad :	Ter T Addition
NAME	DAVIS, MARILYN R	□ Delete	NAM				L	ન ouenA¥િ	
STREET ADDRESS CITY ST-ZIP				FET ADDRESS					
TITLE	JACKSONVILLE, FL 00000	П од	<del></del>	-S1-21P				7.05	- Addition
NAME.	REAVES, HELEN	☐ Delete	TITLI NAM				L	_ Change	Addition
STREET ADDRESS	8539 CONCORD COURT		2	ET ADORESS					
CITY-ST-ZIP	JACKSONVILLE, FL 00000		· · · · · · · · · · · · · · · · · · ·	-S1-7P				<u></u>	
TITLE NAME	REAVES, HELEN	☐ Delete	TITU! NAM					Change	Addition
STREET ADDRESS	8539 CONCORD COURT			ET ADDRESS					
CITY ST - ZIP	JACKSONVILLE, FL 00000		עזון	-SI-ZIP					
TITLE	VD REAVES, WILLIAM ALAN	☐ Delete	ŢijŢŢ	i		<del></del>		Change	☐ Addition
NAME STREET ADDRESS	8561 CONCORD CT		NAM STRE	E ET AODRESS					
CITY+ST+ZIP	JACKSONVILLE FL			-ST-ZIP					
TITLE		☐ Delete	11108	: -		<u> </u>		Change	Addition
NAME STREET ADDRESS			NAM						
CITY ST ZIP				ET ADDRESS -ST-ZIP					
12. I hereby	certify that the information supplied wit	h this filing does not qualify f	or the exe	motion stated in Se	ection 119.07(3)	(i), Florida Statutes. I	further certify	that the ir	nformation
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 exponered.									

**FILED**