


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 424334 1. Entity Name VENICE ROOFING, INC.	
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Principal Place of Business 956 W BAFFIN RD VENICE, FL 34293 US	Mailing Address 956 W BAFFIN RD VENICE, FL 34293 US
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DO NOT WRITE IN THIS SPACE

FILED

04 OCT -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09202004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-1464691	Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MICHAEL L
965 W BAFFIN DR
SOUTH VENICE, FL 34293

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MURPHY, MICHAEL L
STREET ADDRESS	965 BAFFIN RD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/06/04--01024--010 **158.75

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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)(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.

SIGNATURE: Michael L. Murphy 9/25/04 941-485-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #