

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 629939 1. Entity Name SUTTER ROOFING COMPANY OF FLORIDA	
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Principal Place of Business 8284 VICO CT. SARASOTA, FL 34240	Mailing Address 8284 VICO CT. SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1923325	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P ESQ. ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	DO NOT WRITE IN THIS SPACE
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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.

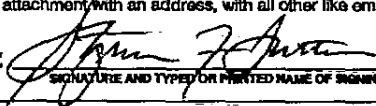
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000288223 04/05/05-80001-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SUTTER, STEPHEN F. 2614 DICK WILSON DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTER, BRADLEY W 2251 CONSTITUTION BLVD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUTTER, DOUGLAS C. 3204 W FOREST LAKE DR SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HENRY, B. THOMAS 8700 WOODBRIAR DR. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 941-377-1000
Date Daytime Phone #