2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842462

Title:

Name:

Address:

City-St-Zip:

PRES

() Delete

9885 TERRACE LAKE POINTE

SUMMERS, ÈLAINE H

ROSWELL, GA 30076

Entity Name: SUMMERS ROOFING COMPANY, INC.

FILED Jan 24, 2005 Secretary of State

| • | | - · · · · · · · · · · · · · · · · · · · | | | |
|---|---|---|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of E | New Principal Place of Business: | |
| P.O. BOX | ST HOSPITAL A 81186 EE, GA 30366 | VENUE US | 135 MAULDIN DRIVE ALPHARETTA, GA 30004 | l US | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| P. O. BOX CHAMBLE | 81186 EE, GA 30366 | US | 135 MAULDIN DRIVE ALPHARETTA, GA 30004 | l US | |
| FEI Number: | : 58-1267930 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of Ne | Name and Address of New Registered Agent: | |
| | MEG IPANERO AVE), FL 32804 | NUE US | | | |
| | named entity see of Florida. | submits this statement for the p | urpose of changing its registered off | ice or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | PTD () SUMMERS, KEI 9875 TERRACE ROSWELL, GA | • | Title: () 0 Name: Address: City-St-Zip: | Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () BICK, KELLEY 2140 BARRETT CUMMING, GA | | Title: () 0 Name: Address: City-St-Zip: | Change ()Addition | |
| Title: Name: Address: City-St-Zip: | S () SUMMERS, ELA 9875 TERRACE ROSWELL, GA | | Title: () 0 Name: Address: City-St-Zip: | Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ELAINE H. SUMMERS PRES 01/24/2005

() Change () Addition