2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F02000002027

Secretary of State **DURABLE ROOFING COMPANY** Mailing Address Principal Place of Business 2220 WHITEIFI D PARK AVE. 2220 WHITFIELD PARK AVE. SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 36-3682586 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name MACKEY, PETER J Street Address (P.O. Box Number is Not Acceptable) 1402 3RD AVE. WEST BRADENTON, FL 34205 Zip Code 5. 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, typed or printed name of registered agent and site if applicable. (NGTE. Registered Agent signature required when remetating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE DΡ ☐ Delete STEE RICHARDS, JOSEPH HAME NAME U00000164912 3836 WEST 48TH STREET STREET ADDRESS STREET ACCRESS 07/09/04-80008-021 150.00 CRY-ST-ZIP MIDLOTHIAN, IL 60445 CITY-ST-ZP VDST ☐ Delete me Change Addition TSTLE CYWINSKI, RICHARD NAME NAME 14958 SPRINGFIELD STREET ADDRESS STREET ADDRESS C#Y+\$1-218 MIDLOTHAIN, IL 60445 CITY - ST-78P Delete TRLE Change Addition_ TITLE HAME NAME STREET ADDRESS STREET ADDRESS C3TY - S3 - 73P CRTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME *** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition MILE ☐ Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP ETTLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 writer 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 charged, or on an attachment with an address, with all other like empowered.

FILED

Jul 09, 2004 08:00 AM